CERTIFICATE OF DEATH

01359 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Allegany	M	ARYLAND	2. USUAL RESIDENCE OF STATE	vland	b. COUNTY		
b. CITY OR TOWN RURAL and give r		write c. LENGTH OF S		c. CITY OR TOW	N (If outside corpo	rate limits, write l		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi			d. STREET ADDR		lvania	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Danie		ddle •	Bailey	4. DATE OF DEATH	Februs	7.0	Day Year 19 6(
s. sex Male		7. MARRIED NEVER MA	RCED	2/25/187	8	9. AGE (In years last birthdoy) yrs.	Months Days	AR IF UNDER 24 HR s Hours Min.
during most of wo Retired - 13. FATHER'S NAME	ON (Give kind of work d rking life, even if retired) Salesman Edgar Bail	Watkins P		ts West	Virgini	a		S. A.
		ES? 16. SOCIAL SECURITY		HORMANTP.O.	Box 599	Add		rland, Mo
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO	Chrone Chrone	my	pearlied	Deger	eeratio		NTERVAL BETWEEN NSET AND DEATH
gove rise to couse (a), stating lying couse last	the under-	Chron	ce (	rephri	tio			>
PART II. OT	HER SIGNIFICANT CONF	ITIONS CONTRIBUTING TO	Cho	NOT INTLATED TO THE	TERMINAL DISEAS	E CONDITION GI	YEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
-	AS UNDERLYING CONTROL	20d. INJURY OCCURRED While Not while	20e. PL	O. (Enter gature of injunction)  ACE OF INJURY (Homeony, street, office bld	e, form, 20f. (City		(Count	ly) (State
21. I certify tolive on 2/	hot I attended the 12/60	deceosed from 1	hot deoth	occurred at 6:	ADDRESS (S	the couses or treet, city or town.	nd on the do	aw the deceose the stated above DATE SIGNI 2/13/60
PHYSICIANIS NAME (Type)  220. BURIAL, CREMATI- REMOVAL (Specif) BUT 181	d	22c. NAME OF C		R CREMATORY	-	TION (Cily, town,	or county)	(Stote) W. Va.
23. FUNERAL DIRECTOR Byron K	R'S SIGNATURE	ADDRESS umberland,		240	REC'D BY REGIST	TRAR 24b. REG	ISTRAR'S SIGNAL	TURE

requires that the death certificate be executed within 24 haurs after death. Page 

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. page 3 shauld be detached for use as the burial-transit permit. Then please ramese, the registror prior to burial, crematian, or remaval, and in any event within 72 hours

VS A15 (4) 15M E/SB

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offer death.

the registrar priar to burial, cremation, or removal, and in any event within 72 haugs

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		136	em 9 FilmG256	2-18-60 et ATE OF DEATI	H	TIORE, I	Reg. Dist. N		360
1. PLACE OF DEATH o. COUNTY ALL, EGANY			MARYLAND	2. USUAL RESIDENCE (WI o. STATE		ed. If institution b. COUNTY		fore admiss	
b. CITY OR TOWN ( RURAL and give n		its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporote	limits, write RI	JRAL ond give i	nearest town	n)
d. NAME OF HOSPI OR INSTITUTION SACRED H	TAL (If not in hospital, g	~	oddress)	d. STREET ADDRESS	entre st				SIDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JOSE.		Middle	Lost BARNHIIL	4. DATE OF DEATH	Mont	6	,	Year 19 60
s. sex MALE	6. COLOR OR RACE WHITE	7. MARR	ED DIVORCED	B. DATE OF BIRTH 4/6/93	9. /	AGE (In years ost birthday)	Months Doy	_	Min.
Ob. USUAL OCCUPATION  during most of wor  Ret. Pape  13. FATHER'S NAME	king life, even it refired	]	KIND OF BUSINESS OR INDU WN	LONACOI	ning, M	- 7	12.CITIZEN	OF WHAT O	OUNTRY
	es P. Bar	-		1	esa Don	nelly	ess.		
NO	(If yes, give war or dates of s		20 07 6608 1	Irs. Theres	a Haslb	eck.	Cumber	land	. Mo
Conditions, if of gove rise to it couse (a), storing lying couse lost.	the under-	) > :}	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIV	EN IN PART 1(o	[19. WAS	AUTOPS1
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	opk	CRIBE HOW INJURY OCCURRE	Stensois,	sopha.	gus		PERFC	ORMED?
Y 20c. TIME OF INJUR Hour o.m., p. m.	RY Month, Doy, Ye	While		ACE OF INJURY (Hame, forn ctory, street, affice bldg., etc		town)	(Count	y)	(Stole
ACTUAL SIGNATURE	LEO H.LEY,	JR.		n accurred at 11:00	ADDRESS (Street	causes and, city or town,	stote) LMBFRLA	te stated	
220. BURIAL CREMATIC REMOVAL (Specify Burial	2/9/19	60	St. Patric	ks Cem.	1	erland	d, Md.	(Stol	le)
23. FUNERAL DIRECTOR Byroi	's signature n Kight	Cum	berland, Md.		P BY REGISTRAR	24b. REGIS	TRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 9/5B 17/ 55 THE THE THE

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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death.

TO HOSPITAT OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 V5 A15 (4) 1SM 9/S8

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1. PLAC o. Co	E OF DEATH			MARYLAND	2. USUAL RE			lived. If instituti				ion)
1. 61	TV OR TOWN IN	Allegany			-	Maryl.			Alle			
RI.	JRAL and give near	utside corporate limit est town)	rs, write	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (IF	outside corpo	rote limits, write R	URAL ond gi	ve nea	rest towr	()
	mberland			years	02	Cumbe	rland					
d. N	AME OF HOSPITAL R INSTITUTION	(If not in hospital, g	ive street o	ddress)	d. STREET	ADDRESS					o. IS RES	FARM?
	Dilly S	treet				508 D	illy S	Street				NO
	NE OF EASED or print)	ROBERT		Middle GLISAN E	EALL	Last	4. DATE OF DEATH	Februar		Day		Yeor 19 60
5. SEX	6			ED NEVER MARRIED	B. DATE OF BI	RTH		9. AGE (In years	IF UNDER 1			
Ma	3 -	White	WIDOWE	DIVORCED	Dec. 17	7 1004		65 yrs.	Months [	Days	Hours	Min.
				(IND OF BUSINESS OR IND		7,1894	or foreign co		12 CITIZ	ENOE	WHATC	OUNTRY
13. FATE		Beall	ferions	OCIAL SECURITY NO.	14. MOTHE	r's MAIDEN I	Smit	Marylan  508 Ni Cumber	Lly S	usa tre	-	and
-Yes		WW1	2.1	3-12-3130 0.	nem y	DULUC	11¢1	Odinber	Terror,	1.100	Lyle	ell Ca
go co lyi	H-20.1 onditions, if any, over rise to imm use (o), stating the ing couse lost.	nediote DUE TO		Corona Corona Corona But DINTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	Care	sules ses	VEN IN PART	-	2 - C	AUTOPSY
CATION												RMED?
OR (IF	. ACCIDENT WAS I CONTRIBUTING E EITHER, NOTIFY ME	UNDERLYING  CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture	e of injury in	Port I or Port	II of item 18.)				
WEDICAL 20c.	TIME OF INJURY Hour o.m. p.m.	Month, Day, Yea	While of work	_ Not while _	LACE OF INJUR octory, street, of	Y (Home, forn fice bldg., etc	n, 20f. (City	or town)	(Co	ounty)		(Stote
ACI SIG PHY NA	ve an Avanture Constitution Clare (Type) Cla	y E. Duri	., 19_6 rett	Surrett	h accurred о	5 Va.	AVE	Cumber 1	and,	date Md.	stated DAT	l abave E signer
Bu	APYAL (Pecify)	2/24/60		Greenmount			Cumb	erland,	Maryl		ì `	,
	eral director's s		erlan	ADDRESS d, Maryland			D BY REGIST		STRAR'S SIGI	all and		

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			Self-page p2
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r death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1427 CERTIFICATE OF DEATH

- 工具	, a CERTIFICA	AIL OI DEAII	•	Reg. D	ist. No.	
o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b.	If institution: Reside		nissian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) FIOSCOURS	c. LENGTH OF STAY IN 16 Life time	c. CITY OR TOWN (If or		ils, write RURAL and	give nearest to	own)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 169 McCulloh Street		d. STREET ADDRESS				RESIDENCE I A FARM?
8. NAME OF First DECEASED (Type or print) Robert	Middle	lost Be an	4. DATE OF DEATH	Month 2	Day 26	Year 19 60
S. SEX 6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH April 2 1	9. AGE lost	(In years birthday) Months 7 2rs.	Days Hou	-
Oo. USUAL OCCUPATION (Give kind of work done 10b. in during most of working life, even if retired) Store keeper	State Street, and a	Co. Frostb		Ì.	U. S.	TCOUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
Mark Bean		Unknow	n			
S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) [If yes, give wor or dates of service] 22		r Aaron Bea	n Son-Wi	Address Fr	crossi	g, Md.
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO		sclerosis			30	yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING		D. (Enter nature of injury in P			PER	FORMED?
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While at work	Not while fo	ACE OF INJURY (Home, form, iclary, street, affice bldg., etc.	)		(County)	(Stote
ACTUAL SIGNATURE Cllving. 1	Vallers	23, 1960, to 50 accurred at 4.40 8	M, from the co	uses and an th	e date stat	deceased ed above ATE SIGNEE /29/6
20. BURIAL CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (C	ity, town, or county)	(S	late)
BUT1a1 2-29-60  S. FUNERAL DIRECTOR'S SIGNATURE	Frostburg M	34- BCC'C	Frostbi	24b. REGISTRAR'S SI		Md.
Fend Dr. Matting	ly	g, Ma	R 11 '60	Orthur &	. Kraus	

- | v-LASS CONTRACTOR OF SAIL p (4) TOTAL DATE OF THE STATE OF THE and the second s CHONES IN THE STATE OF

TO HOSPITAL

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01361

1498 CERTIFICATE OF DEATH

		-200			Neg. Dist. 140.
1. PLACE OF DEATH	Allegany	MARYLAND	II A SIAIF SE S	and b. COUNTY	on: Residence before admission) Allegany
b. CITY OR TOWN	N (If outside corporate limits	. write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporote limits, write Ri	URAL and give nearest town)
d. NAME OF HOS	ners Hospital	e street oddress)	d. STREET ADDRESS Dougl	as Avenue	e. 15 RESIDENCE ON A FARM? YES \(\sum \text{NO.35}\)
3. NAME OF DECEASED (Type or print)	Homer	Edgle	- Beavers	4. DATE Mont OF DEATH FED TU	
5. SEX Male	Tallia of the or	7. MARRIED A NEVER MARRIED WIDOWED DIVORCED	August 12,	9. AGE (In years losy by thdoy) 04 yrs.	Months Doys Hours Min.
Retire	ATION (Give kind of work desprise life, even if retired)	Coal Mine		or foreign country) den, W.Va.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	William Be	avers	Agnes		
15. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMED FORCE (If yes, give wor or dates of ser	(ES?) 16. SOCIAL SECURITY NO. 17. (17. 236-03-3826)	Mrs.Hilda	Beavers Lo	onaconing, Md.
PART 1. [  Conditions, if gove rise to couse (o), stati lying couse to	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  fony, which immediate ng the under-	se per fine for (o) (b), and (c).]	"Wife"		INTERVAL BETWEEN ONSET AND DEATH
3 Chron	ic Brone	hial asting	Congestive	heart faile	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (1)
OR CONTRIBUTE	WAS UNDERLYING THE NG TO CAUSE OF DEATH FRY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURI	RED. (Enter nuture of injury in :	Port I or Port II of them 18.)	
20c. TIME OF INJ	10	20d. INJURY OCCURRED 20e. I While Not while of work of work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	20f. (City or town)	(County) (Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		MILES VR. M.	MO MAIN	ADDRESS (Street, city or town, ST.	2.12.60 MO.
Burriage		Bloomingt	on Cemetery	Bloomingto	n Md. (State)
George H		Lonaconing,	Ma	D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE

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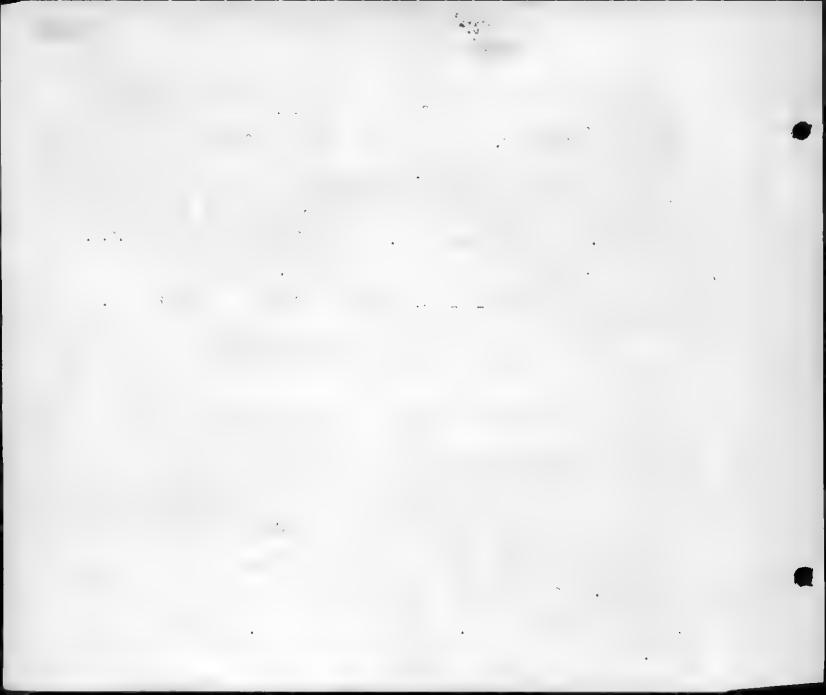
CERTIFICATE OF DEATH

01363

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l		10							
	PLACE OF DEATH  a. COUNTY  ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Who o. STATE MARYLAN	ere deceased lived. If institution: Reside b. COUNTY	nce before admission) EGANY				
-									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND	97 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
à	MEMORITAL & WARWICK AVES.		/ d. STREET ADDRESS 224 GELN	N STREET	e. IS RESIDENCE ON A FARM? YES NO				
3	NAME OF First	Middle	loi	4. DATE Month	Day Year				
1	DECEASED (Type or print) LILIAH	"Keefe₩.	BENNETT	OF DEATH FEBRUARY	17 19 60				
1	FEMALE   6. COLOR OR RACE   7 MARR		B. DATE OF BIRTH  JUNE 22 ,1919	9 AGE (In years left UNDE) 100 yrs. Wonths	Doys Hours Min				
	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  extile "kr. Cel	kind of Business or INDUS	PENNSYLV		S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
	JOHN H. KEEFER		ANNIE M.						
{Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 is, no or unknown) (If yes, give wor or dates of service)		MORIAL HOSPIT	AL CUMBERLAND,	MD.				
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  15 + X  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse loss.  (c)	arcubus.	of Red	de-	343				
CERTIFICATION	PART II. OTHER SEGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	RT I(o) 19 WAS AUTOPSY PERFORMED? YES NO				
	20a ACCIDENT WAS UNDERLYING [] 20b. DESCOR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	ort ( or Port II of item 18.)					
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m. 19 While p.m. 19	Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f (City or town)	County) (State)				
	21 I certify that (I) (this haspital) attends sow the deceased office an 17 Feb.		eath accurred at 6:4	59, ta 7 Felli, 19 50, Rom the causes and an th	6_Qthat (1) (we) last e date stated above				
	/ 100	udy,		STAFF PHYS	2/19/60				
	22c. PHYSICIAN'S NAME (Type) DR. WEISMAN		22d ADDRESS	ne ST Cumberlan	d, lud.				
	Bur al, Cremation, 236 Date Thereof Removal (Specify)  2/20/60	Mt. Zion Chr		23d LOCATION (City, town, or county)  Nr. Chanevsville.	(State) Pennsylvani				
24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'E	BY REGISTRAR 256. REGISTRAR'S S					
Jo	ohn J. Hafer, Cumberlan	d, Maryland	DATE ET	B 2 3 160 CT -1	for an				

VR A15 (4) 15M 9/59



Pia		polir
ute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should		FUNERAL DIRECTOR: Pose 3 should be used as a buriof-transit permit. File pages 1 and 2 with the realistran prior to buriof-cremati
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-	ormorded to the Chief Medical Examiner's Office along with form IM3. Tage 5 may be retained for your files.	Z
7	-	H

VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01364

Reg. Dist. No.

	egany	13	MARYLAN	D 0. S	Maryl:	and	sed lived. If instit b. COUN	Alleg	any	
b. CITY OR TOWN (If ond give neares) form)	berland	RURAL	c. LENGTH OF STAY IN 11 1/30/60	× c. c	ITY OR TOWN (II Flint		porote limits, write	RURAL and g	ive nearest	tawn}
	e or institution (		pital, give street address) tial.	d. S	RD #1				(	RESIDENCE ON A FARM?
3. NAME OF DECEASED	Fin	ıł	Middle		Lost	4. DATE	Man	h	Day	Year
(Type or print)	Ra	lph	Sylvester		Bennett	DEATH	2		L2	19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE O			9. AGE (In years	IF UNDER TY	EAR IF U	NDER 24 HRS.
Male	White	WIDOWE			5-14		lost buthday) 46 yrs.	Manths Da	ys Hau	ns Min.
10a USUAL OCCUPATIO	N (Give kind of work life, even if retired)	dane 105, I	CIND OF BUSINESS OR INDU	STRY 11. 6	IRTHPLACE (Slote	or foreign o	country)	12. CITIZE	N OF WH	AT COUNTRY?
Lumberman					Pernsyl:	vani.a	Chanevs	ville	USA	
13. FATHER'S NAME				14. MO	THER'S MAIDEN I					
	Percy B	ennet	t	Re	ebecca R	Robine	tte			
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMA	NT		Addres	•		
no	fit had Hire wer or enter or				Patien	tis Ch	art			
	H [Enter only one cou	se per line	for (a), (b), and (c).]						INTERVAL BE	TWEEN
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Maceration of	hmai	ne right	homis	nhore			avs
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gove rise to immed	iate cause		Automobilite ac	Gluen	<u>V</u>				12 d	avs
(a), stating the w	nderlying Duc 10							Į		
Z PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELA	TED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART 1	(a) 19. WA	S AUTOPSY
SAT										FORMED?
20g. EXTERNAL CAU PRIMARY ID or CON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIB	E HOW INJURY OCCURRED.  Auto_accid							
3 20c. TIME OF INJUR	Y Month, Day, Yea	≠ 20d.	A CALABAT OR OTHER DOCUMENTS OF THE	LACE OF IN	JURY (Home, form	n. 20f. (City	or town)	(County	r)	(State)
20c. TIME OF INJUR	en. 30 16	White		ctary, street	, office bldg , etc. reet	) ;		. 4		200
			remoins described al				nspection K			
1 1 '			, Accident , S			· mail	ndetermined	-	M, on	d find that
ACTUAL SIGNATURE	. Skite	rel	w	M.D. C	HIEF MEDICAL EX	XAMINER 🔲			DAT	E SIGNED
					SSISTANT MEDIC	AL EXAMINE	R			
EXAMINER'S NAME (Type)	Dr. B. Ski	tarel	ic		EPUTY MEDICAL	EXAMINERY	I Febru	arvyxxx	360-V	12/196
220- BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREC	F	22c. NAME OF CEMETERY				TION (City, town,	ar caunty)		tote)
Burial	Heb. 15,	1960	Chaneysville	e Met			ysville			nia
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'	EB 1 5	RAR 245. REG	ISTRAR'S SIGN		
John J. Ha	for Cumb	erla	d. Maryland		DATE	EP ( 3	00	Inthur S. 1	isaled	



01365

**CERTIFICATE OF DEATH** 

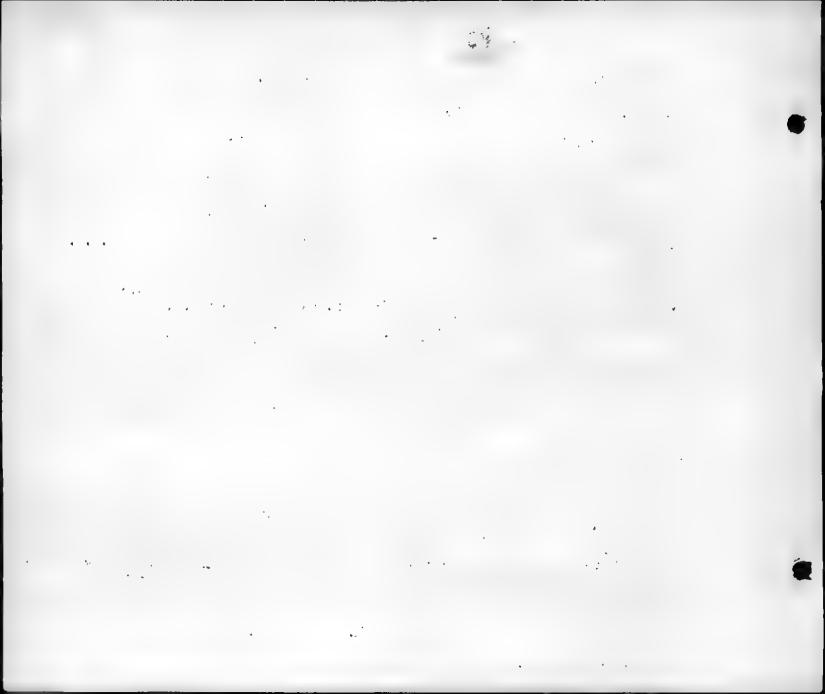
Reg. Dist. No.

		_4							
1. PLACE OF DEATH o. COUNTY	Allegany	11	MARYLAND	O. STATE	NCE (Where decease	ed lived. If institut b. COUNTY		e before adr	nission)
	If outside corporate limi	ls, write	c. LENGTH OF STAY IN 16	+	OWN (If outside corp	orote limits, write l	URAL ond g	ive nearest h	own)
RURAL ond give n			30 Years	02 Cumbe	erland				
		ive street		d STREET AD				e, IS	RESIDENCE A FARM?
516 Broa	TAL (If not in hospital, g	9		516 Bro	oadway Cir	rcle			□ NOX [C]
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mor	ıth	Day	Year
(Type or print)	Eva		May	Bett	OF DEATH	Feb		9	19 60
S SEX	6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	·	9. AGE (In years lost birthday)		TYEAR IF UN	
Female	White	WIDOW	ED DIVORCED	Dec 31,	1881	78 yrs.	Months	Doys Hou	ers Min.
100 USUAL OCCUPATION	ON (Give kind of work a	ione 10b.	KIND OF BUSINESS OR INDU		CE (State or foreign	country)	12 CITIZ	ZEN OF WHA	TCOUNTRY?
Housewife	king me, even ir remed		At H ome	Mam	yland			U.S.A.	
13. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME				
George	e Martin			Not k	nown				
IS WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO.	INFORMANT		6 Broack	kev Cir	cle	
NO	(If yes, give wor or dates of s	k.AlOS)	J,	mes R. Be	ett Cim	berland,	Mary	ed	
Conditions, if a gove rise to in couse (a), storing lying couse lost.	the under-					ombo			AC ALITOREY
PART II OTI	HER SIGNIFICANT CON	DIHONS	CONTRIBUTING TO DEATH BU	I NOI RELAIED TO	IHE FERMINAL DISEA	SE CONDITION GI	VEN IN PAKI	PER	RFORMED?
E 200 ACCIDENT W	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury in Parl I or Pa	ert II of item 1B )			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yes	While	L	ACE OF INJURY (H ictory, street, office	ome, form, 20f (Cil bldg , etc.)	ly or lownj	(C	County)	(Stote)
ACTUAL SIGNATURE	not Lattended the		sed from Fred.	occurred ot_	_ ADDRESS (		nd on the	date stol	
NAME (Type)	The state of the s								
220. BURIAL, CREMATIC REMOVAL (Specify		F	22c. NAME OF CEMETERY C	OR CREMATORY		ATION (City, town,			Stote)
Burial	2/12/60			metery		erland		iryland	1
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240 REC'D BY REGIS		ISTRAR'S SIG	MATURE	
Ruth E. S	Silcox	בלותנו")	erland Marv	land	DATE FEB 1 5	60	Tether :	9 Hours	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please representation pages. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL CO VS A1S (4) 1SM 9/SB



death. Page 4

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VR A1S (4) 1SM 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

			*		- (	CERTIFICA	TE O	F DEAT	Н				•	
	1. PLACE OF DI 6 COUNTY		LEEGANY	136	9	MARYLAND	2. USU/ o. ST			ed lived. If instituti b. COUNTY			admissi	ion)
	RURAL one	OWN (If or I give neare UMBEF		nits, write	c. LENG	HRS.	c. CI		(If outside corporate of the corporate o	arate limits, write R	URAL and g	ive neor	est fown	]
3	d. NAME OF OR INSTI	HOSP TAL UTION VOR I AL	MEMORTAL & WARWI	"HÖSP CK AV	ITAL ES.		/d. 5	PREET ADDRESS		HUSETTS A	VE.,	e	_	PARM?
	3. NAME OF DECEASED (Type or prin	1)	Ba	Ca		Middle (fire	*	Lost BOHRER	4. DATE OF DEATH	Mor FE	BRUARY		7	9 60
/	S SEX	Ε.	COLOR OR RACE	WIDOWI	ED 🗍	DIVORCED [		UARY 4,	1960	9 AGE (In years lost birthday) yrs	Months	Days	Hours	30
	during most	of working	(Give kind of work Life, even if retire	done 10b.	KIND OF	BUSINESS OR INDI		CUMBERL	AND, M			S.A		OUNTRY?
and the same of th	13. FATHER'S NA						14. MC	THER'S MAIDE						
	15. WAS DECEA	SED EVER IN	S E BOH N U. S. ARMED FO es, gave wor or dates of	RCES? 16.	SOCIAL S	SECURITY NO. 17	NFORMAN	IT	ERGMANI	Add	ress	<b>1</b> 0		
		T I. DEATH	(Enter only one of WAS CAUSED BY IMEDIATE CAUSE	(0) RE	ne for (o).	(b), ond (c).)	Elui	tion.		CUMBERL	ANU	INTER	T AND	TWEEN DEATH
	gove ris	ns, if any, e to imm stoting the se lost.	ediote (	(b) As	ste	returned to	uch h	monio	lic Ma	Bilds				
0	PAIN OUT VO 200 ACCID OR CONTR (IF EITHER,	II. OTHER	SIGNIFICANT CO	NDIT+ONS (	CONTRIBU	ITING TO DEATH BU	T NOT REL	ATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PART		PERFO	AUTOPSY RMED? NO 🗂
		BUTING 🗆	UNDERLYING DEATH CAUSE OF DEATH DICAL EXAMINER	HI	CRIBE HO	W INJURY OCCURR	ED (Enter	noture of injury	in Port I or Po	ort II of item 18 )				
	WEDICAL Hour	o.m.	Month, Doy, Y	While	NJURY OF			NJURY (Home, ! et, office bldg.,		ly or town)	(0	ounty)		(State
			I) (this haspite	al) attend 4 Fog		deceased fram			1960, to		, 19 nd on the			
	22o SIGNA	de	end (S)	Cou	sor	in	M D PH		MED. DIRECTOR	STAFF PHYS.	4	EBU	0	SIGNEE
1	22c. PHYSIC NAME		LELAND I	RANSON	4 M.	D.	63	Greene	St. C	umberlar	id, Ma	ryl	and	
	230 BJR AL, CR REMOVAL,		23b, DATE THERE	EL	23c N/	AME OF CEMETERY	OR CREMA	elens	23d LOCA	ATION (City, town,	on county)	17	(State	e)
	24. FUNERAL DI	RECTOR'S S	Helps	L- (	7 40	DRÉSS CZC	0	259 R	FEB 1		STRAR'S SIC			



TO HOSPITAL

VS A15 (4) 15M 10/57

1

ARYLAND STATE DEPARTMENT OF HEALTH-	BALTIMORE, 18
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**CERTIFICATE OF DEATH** 

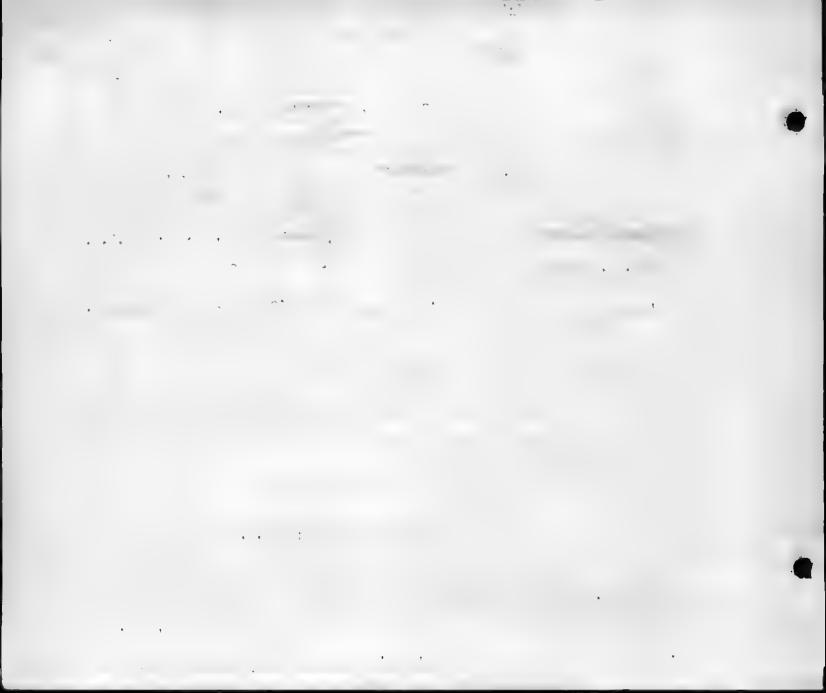
L					Keg. Dist.	140.		
i	o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (WINDOWS STATE	h cc	nstitution: Residence			
t	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or			1		
ı	RURAL and give nearest town) Cumberland	40 yrs.	2 Cumberland					
ŀ	d NAME OF HOSPITAL (If not in haspital, give street		/ d. STREET ADDRESS			e. IS RESIDENCE		
	or Institution 549 North M	echanic St.	549 North	Mechanic	St.	YES NO TO		
	P. NAME OF DECEASED (Type or print) Rosa An	me Braithwa	ite	4. DATE OF DEATH	Month Feb.	Day Year 15 19 60		
	5 SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In lost birth	ALL A	EAR IF UNDER 24 HRS		
1	Female White wipow	/ED X DIVORCED	Apr. 4,187	'8   "8 <b>1</b> "	yrs Months Do	ys Hours Min.		
1	Da USUAL OCCUPATION (Give kind of work done) 10b	KIND OF BUSINESS OR INDUS			12 CITIZE	N OF WHAT COUNTRY		
	during most of warking life, even if retired) Housewife	Own Home	Paw Paw	v, W.Va.		USA		
1	3. FATHER'S NAME	01127 22	14 MOTHER'S MAIDEN N			9044		
1	Daniel Aldert	on.	Mary I	argent				
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address			
П	(Yes, no. or unknown) (If yes, give war or dates of service)			rans, Cum		Md		
ŀ	no l		irs. Elno Ev	rans, oun				
1	TB. CAUSE OF DEATH {Enter only one couse per I PART I, DEATH WAS CAUSED BY	ine for (o), (b), and (c).]	17			INTERVAL BETWEEN ONSET AND DEATH		
1	IMMEDIATE CAUSE (o)	MININ	- Henry	Juzi-		2 days		
ı	/ X DUE TO ()	2. 01	10 t	B		V		
1	Conditions, if ony, which	lenentzed	arlens	slewn		ylung		
1	gove rise to immediate couse (a), sloting the under-	0				1		
ı	lying couse last. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART 1	PERFORMED?		
I	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	Port I or Part II of item 1	IB.)			
	Hour a.m. 10 While	Not white fac	ACE OF INJURY IHome, form, tary, street, office bldg., etc.	20f. (City or town)	{Cou	nly) (Slate)		
Т	p. m 19 of wo	rk ot wark	197	1 1	7 2			
ı	21. I certify that I attended the decea	A	19 <u>\$</u> to d			it saw the deceased		
ı	alive an Text 12,	E.U., and that deally	accurred of 4:45	_M, fram the cau	ises and on the	date stated above		
	1 20 1/	. //	11-01	ADDRESS (Street, city or	lowin, state)	DATE SIGNED		
ı	ACTUAL 151 / 1	and the	MD 47 3 22	leust	meter	instry) //.		
	PHYSICIAN'S TO 3		L			7 77		
	NAME (Type) Blane M. Sch	indler	43 Green	Street				
1	12a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City,	lown, or county)	(Stole)		
	Burial Feb. 18.196	Camp Hill	Cemeterv	Paw Pa	w.W. Va.			
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D	BY REGISTRAR 245	. REGISTRAR'S SIGN	ATURE		
	James F. Scarpelli, C	umberland. M	ero.	2 3 '60	C Tan & For	Bus		
		was to be at the state of the	VA B DAIL					



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

1						•	Re	eg. Dist. No.	
PLACE OF DEATH ALLEGANY		10  -	MARYLAND	O. STATE.	LAND	nere deceased live	d If institution f b. COUNTY	Residence before	
b. CITY OR TOWN ( RURAL and give n CUMBERLA			ENGTH OF STAY IN 18	_		Park.	Cumbe	Lond give neo	rest town)
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	FAL (If not in hospital, give	street oddre	:55]	1000	resap	Drive			ON A FARM?
3 NAME OF DECEASED (Type or print)	LUCTUS C	*	Middle Gary		.osl	4. DATE OF DEATH	Month FEB.	7 Oay	
s. sex MALE		DOWED [	DIVORCED [	8. DATE OF BI	/1887	72	st birthdoy) Mc	Onths Days	Hours Min.
Retired (	ON (Give kind of work done king life, even if retired) Lergyna.n		OF BUSINESS OR INE			or foreign country		12. CITIZEN OF	F WHAT COUNTRY
13. FATHER'S NAME Alvin.	BRIDGERS				RY G CO				
NO (	mmediale ( Duc 70	219	-34-6540	MEMOR	TAL HO	SPITAL -	Address CUMBERI	INTER	RVAL BETWEEN ET AND DEATH
20g ACCIDENT WA	HER SIGNIFICANT CONDITI		HOW INJURY OCCUR					N PART 1(0) 19	WAS AUTOPSY PERFORMED? YES NO C
<u>-</u>	Y Month, Day, Year		Not while	PLACE OF INJURY foctory, street, off	IHome, form, ice bidg., etc.	20f. (City or to	own)	(County)	(State)
actual SIGNATURE PHYSICIAN'S NAME (Type)		MONS	om fand that dea	MO. O	1:28	ADDRESS (Street,		an the date	w the deceased e stated above DATE SIGNED 2/5/6 #
Burial Specify)  23. Funeral director:  He Wayne		Н	illcrest  ADDRESS  rland, Md	Burial	Park	Cumbe By REGISTRAR	rland,	Md. R'S SIGNATURE	E
					-1				MB .



# VS. A15ME(5) 5M 9/55

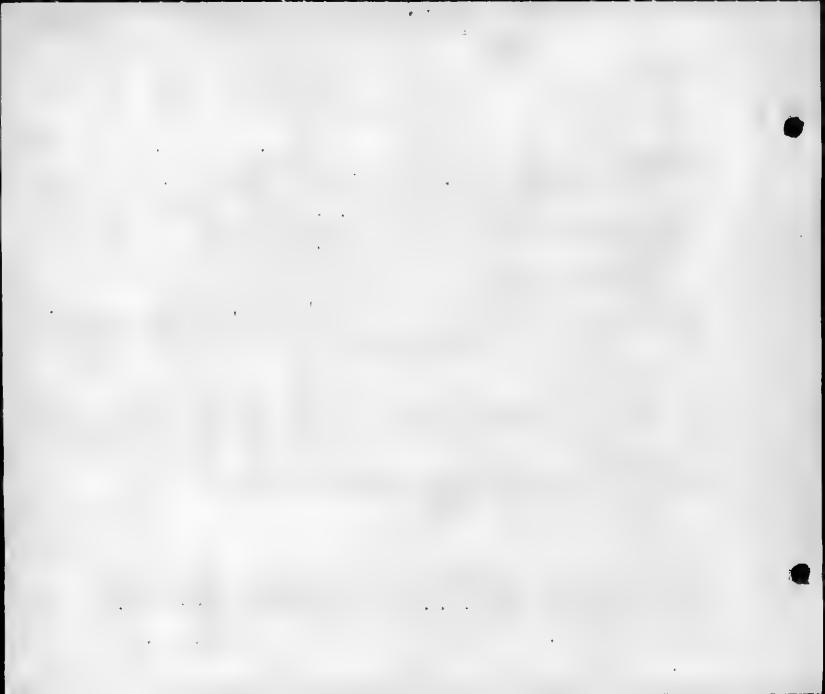
or remayal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1270

01369

Reg. Dist. No.

I PLACE OF DE	EATH	=	CUS	Pet			2. USUAL RI	ESIDENCE (V	Vhere decea	sed lived. If				fore adm	issian)
o. COUNTY	ATTEGANY MARYLAND							MARYLA	ND	b. C0	YTMUC	ALL	EGAN	Y	
b. CITY OR T	OWN III o	sutude corporals limits, write	RURAL	c. L	ENGTH OF STA	AY IN 1b	·			porate limits,	write R	URAL of	nd give n	earest to	wn)
CUMBE		m			62 DA	YS	300	CUMBE	RLAND	,					
		L OR INSTITUTION (	If nat in	hospital,			d. STREET	ADDRESS						e. IS R	ESIDENCE
SACRE	DHEA	RT HOSPITA	L					424	N. ME	CHINIC	ST				A FARM?
3. NAME OF DECEASED		Fir	s1		Middle		Lo	tat	4. DATE		Month	-	Day	1	rear .
(Type or prin	i)	CHARLE	ES		C.		BRIGH	T	DEATH	F	EB.		25	1	9 60
5. SEX		6. COLOR OR RACE	7. MA	RRIED 🔲	NEVER MARR	RIE <b>JEK</b> B.	DATE OF BIRT	ГН		9. AGE (In yo		IF UNDE		-	ER 24 HRS
MALE		WHITE	WIDO	WED 🔲	DIVORCE	D 🔲	FEB. 8,	, 1900	)	60	yn.	Months	Days	Hours	Min.
10a. USUAL OC	CUPATIO	N (Give kind of work life, even if retired)	dane 10	6. KIND	OF BUSINESS C	OR INDUST	RY 11. BIRTHE	LACE (State	or foreign	country)		12. CI	TIZEN O	F WHAT	COUNTRY
	CL WC			CO	NSTRUCT	ION	PA.					1	USA		
13. FATHER'S N							14. MOTHER	S MAIDEN I	NAME						
HAR	RY BE	TGHT (DEC	CEAS	ED)				IDA D	OUGHE	RTY (	DEC	EASE	D)		
15. WAS DECE	SED EVE	R IN U. S. ARMED FO	RCES?		AL SECURITY N	IO. 17. #	IFORMANT				ddress		-		
NO	n) (	If yet, give war or dates of	service)	193-	-01-91	56 P	atient	s C	hart.	Sacı	ed	Hea	art	Hos	p.
	OF DEATI	H [Enter anily one cau	ne per l	ine for (a	), (b), and (c).							-	NTE	RVAL BETWEET AND DE	EEN
	I. DEATH	WAS CAUSED BY			inomat		genera	lized						et and de nths	ATH
1.10		MMEDIATE CAUSE (a)		Udit	JEHOMICE D	0010	Bonere	12220a					110.	110110	
	7.2	DUE TO													
Condition gove rise t		gle couse											+-		
(a), stating															
	+	J (c)  R SIGNIFICANT CON		CONTRI	RUTING TO DE	ATH RUT N	OT PELATED TO	O THE TERM	INAL DISEAS	SE CONDITIO	N GIVE	N IN PA	9T 1/01 1	Q WAS	AUTOPSY
Į į	II. OTH	K SIGNITICANT CON	DI11014.	COMINI	0011110 10 01	2111 00111	OT KLUNIED I	O ITIE TERM	- HAUT NIGHT	SE CONDINO		IT HT IN		PERFC	ORMED?
20a. EXTERN	MA CANA	F 144.65	H Bree	BIDE (JO)	44 IN 11 11 11 11 11 11 11 11 11 11 11 11 11	TI DOCD IF				1 (1) 101				YES	NO [
PARTOLL 2006. EXTERN PRIMARY CAUSE OF	or CON	TRIBUTING -	D. DESC	KIBE HOV	W INJURY OCC	JUKKED. JE	nier noture of	iulach iu Loc	1 For Port i	or stem 16.)					
	OF INJUR	Month, Day, Yes	ar   20	d. INJUR	Y OCCURRED	20e. PLAC	E OF INJURY	/Home, form	n.   20f    Cit	v or town)		ICi	ounty)		(State)
20c. TIME O	a. m.	19	W	/hite	Nat while at work	facto	ery, street, offic	ce bldg., etc.	)	, 0, 10.11.		1-			[0.0.0]
21. I cer	tify the	at I took charge	of th	e remo	oins describ	ed abo	ve, held a	n Autops	у 📆 .	nspection	T,	Inqui	гу 🔣	, and	find tha
death re	sulted	from: Natural	causes	7	Accident [	, Suid	ide 🗍,	Homicide	. □. U	ndetermin	ed co	ouse [	7.		
	/	) )	. /	2.1	,							_			
SIGNATUR	. 13	omodist		1.7	Sel	/	M.D. CHIEF	MEDICAL EX	KAMINER [	1				DATE :	SIGNED
SIGNATOR			7	al de se				ANT MEDIC	AL EXAMIN	ER 🗍					
EXAMINES NAME (Typ	e) Be	nedict Ski		elic,	M.D.			Y MEDICAL		MO	ruar	y 2	5, 1	960	
220. BURIAL, CE	EMATION (Specify)	, 226. DATE THEREC	)F	22c.	NAME OF CEM	ETERY OR	CREMATORY		22d. LOC/	ATION (City, 1	awn, ai	county)		(Stat	(e)
BURT		FEB 2		940	MOIINT	HOPE	C		04	JOMONT	P	Α.			
23. FUNERAL DI	RECTOR'S	SIGNATURE	,		ADDRESS			240 REC"	D BY REGIS			TRAR'S S		_	
H. WAT	YNE C	FORGE, "	CUMB	यथा,/	MD MAR	YT, ANT	)	DATE	2 9 '60	) (	inth	n & 1	Thomas		



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VS A15 (4)

15M 9/58

	ننطال المتالب المستحد		
MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

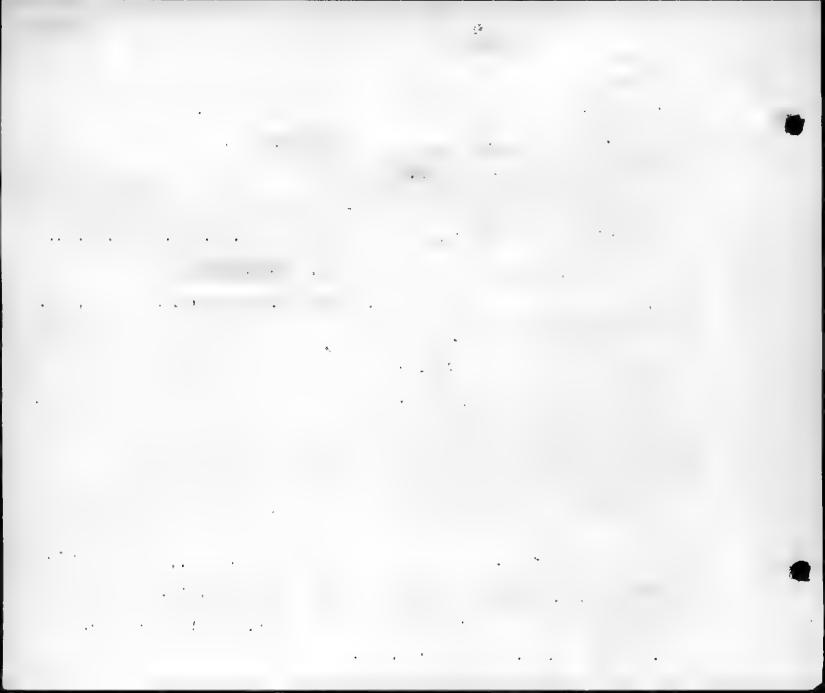
		373	CERTIFICA	ATE OF DEATH	1	R	leg. Dist. No.	Toll	
1,	PLACE OF DEATH o. COUNTY Allegany	~ ·	MARYLAND	2. USUAL RESIDENCE (WHO ISTATE  Mary la		ved If institution- b. COUNTY	Residence before of		
	b CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town)  Cumberl and	rrite c. LEN	18 days	c. CITY OR TOWN (If a		e limits, write RUR	AL and give nearest	town)	
	d NAME OF HOSPITAL (If not in hospital, give or institution  Sacred Heart Hospi	_	)	d. STREET ADDRESS Brant Rd.	· C			S RESIDENCE ON A FARM? ES NO N	
3.	NAME OF First DECEASED (Type or print) Carr		Middle	Clayton	4. DATE OF DEATH	Month 2	Day 1	Year 19 60	
5	SEX 6 COLOR OR RACE 7.  Female White WI	MARRIED   DOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 5=8=83	9	1100	UNDER I YEAR IF (	UNDER 24 HR	
10	<ol> <li>USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) HOUSEW11E</li> </ol>		of Business or indu home	Pendleton	_	V. Va.	U. S.		
13.	FATHER'S NAME  James Bark	lev		Lea Te		e 4. 4.			
15. {Y	WAS DECEASED EVER IN U. S. ARMED FORCES's, no, or unknown]  [If yes, give wor or dates of service]	7 16, SOCIAL		NFORMANT		Address	saptown,	Md.	
	18. CAUSE OF DEATH [Enter only one cause PART I, DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)		o). (b). and (c).]	Cent fortie	Q.£_			AL BETWEEN AND DEATH	
	Conditions, if any, which gave rise to immediate (b) Carterorche rtis heart acree are								
-	cause (a), stating the <u>under-</u> DUE TO lying cause last.			parteunh			57,	Jean	
CATON	PAIT II. OTHER SIGNIFICANT CONDITI	ONS CONTRI	BUT NG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE (	CONDITION GIVEN	P	VAS AUTOPS! ERFORMED? S X NO [	
L CERTIF	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE H	IOW INJURY OCCURRE	D (Enter nature of injury in I	Part I or Part II	of item 18.)			
MEDICA	Hour a.m.	20d INJURY ( While N at work 🔲 al	lat while fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	20f. (City a	r tawn)	(Caunty)	(State	
	21. I certify that I attended the de alive an			19 <u>60</u> , to 2					
	ACTUAL & STATE	1 1 7		E '7	ADDRESS (Street	et city or lawn, sta	nlej	DATE SIGNE	
	SIGNATURE DIVINITION OF THE PROPERTY OF THE PR	<u> </u>		M.D 51	O X O C II C	2000			

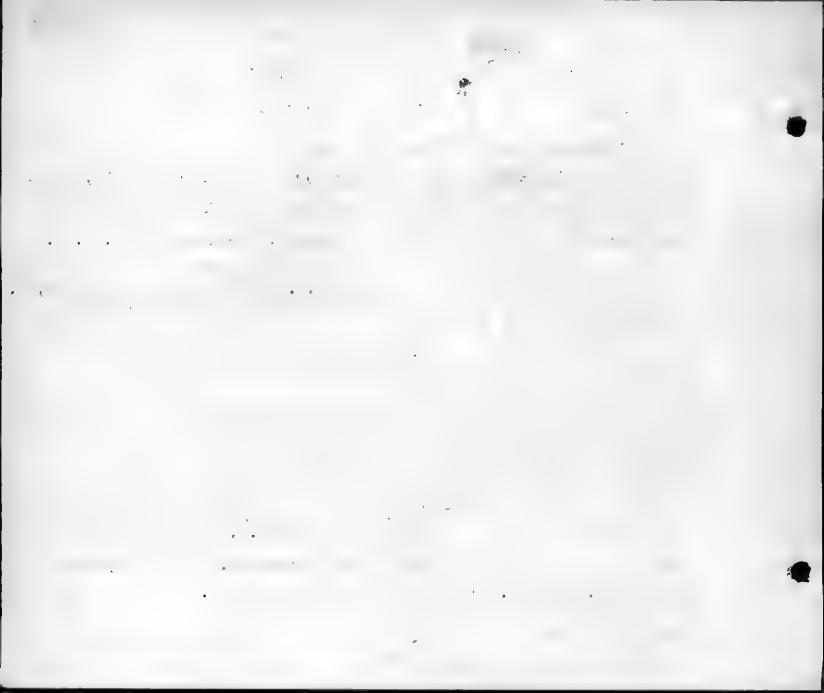
Cumberland, Md. NAME (Type) 22a. BUR AL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 2/4/60 Pk. Zion Memorial Burial

22d LOCATION (City, town, or county)

(State) Cumberland, Md.

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D SY REGISTRAR Cumberland, Md. Wayne George. DATE FEB 5 arthur S. Kings





VS A15 (4) 15M 9/5B X

C

MARYLAND	STATE I	DEPARTMENT	OF F	HEALTH-	BALTIMORE,	18

1444 CERTIFICATE OF DEATH

Reg. Dist. No.

PLACE OF DEATH COUNTY All	egany		MARYLAN		2. USUAL RESIDENCE D. STATE Md.	•	b. COUNTY			admiss	Hon)
b. CITY OR TOWN RURAL and give n	(If outside corporate lim rearest tawn) In t	its, write	60 Yrs	Ь	city or town Wester		orote limits, write f	RURAL ond g	jive neor	est lowr	1)
		give street	address)		d. STREET ADDRESS				e	ON A	FARM?
3 NAME OF DECEASED (Type or print)	Mary	rst	Middle		Cools	4. DATE OF DEATH	Feb. 10		Day		Year 1960
5. SEX Female	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED DIVORCED		DATE OF BIRTH  May 22, 187	79	9 AGE (In years tast birthday) 80 yrs	Months	Doys I	Hours	Min.
10a. USUAL OCCUPATI during most of wo House Wi	ON (Give kind of work rking life, even if retired 1°C	done 10b.	KIND OF BUSINESS OR IN	IDUSTI	RY II BIRTHPLACE (SI Marylar	tote or fareign ad	country)		S.A.		OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME					
Josep					Mary Pre	esley	Add				
(Yes, no, or unknown)  NO  1B. CAUSE OF DE  PART 1. DE.  33/X  Conditions, if a gove rise to	immediate (	ouse per lii		Mr Fe	ormant rs. George  / Hom and 144	orrh	esternro 4		INTER		TWEEN DEATH
CATIC	. ) (	DITIONS	CRIBE HOW INJURY OCCU		·			VEN IN PART		. WAS . PERFO YES	DRMED?
20c. TIME OF INJU	RY Month, Day, Ye	7 10	Not while	PLAC facta	E OF INJURY (Home, iry, street, office bldg.,	form, 20f. (Cit	ly or fown)	(0	County)		(State
21. I certify it alive an	Pul h	65 65 R. W		M.	n 1960, to accurred at 4:10 of 111 Ach Free	ADDRESS (: // S/. /		state) W. Va or county)		stated	d above re signer -12-6
23. FUNERAL DIRECTOR	R'S SIGNATURE	-	Westernpart,	Mo		REC'D BY REGIS	STRAR 24b. REG	ISTRAR'S SIG			



Buth E. Silcox

Cumberland

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 shauld be fitted with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 1SM 9/S9

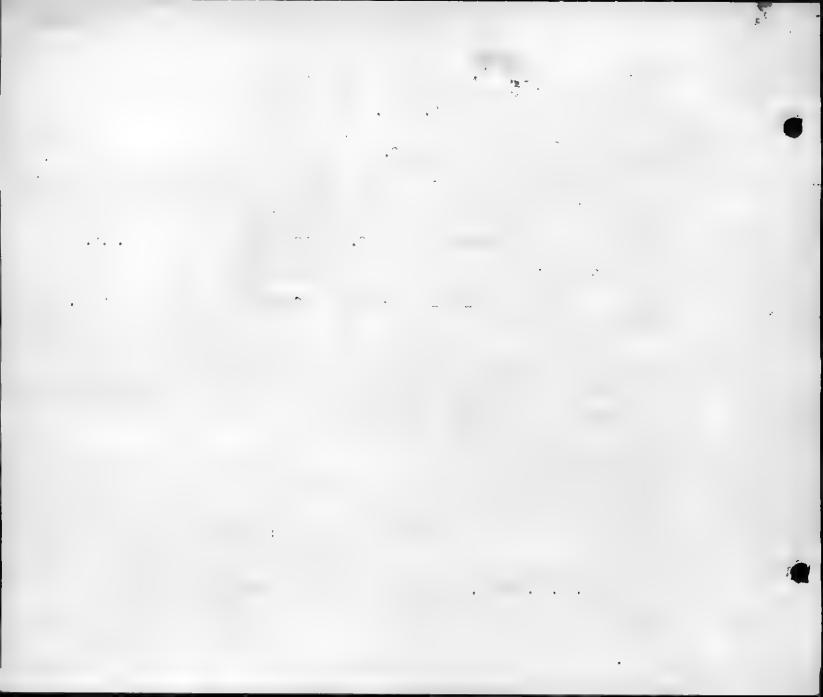
ATTENNING PHYSICIAN: The low remaines that the dentificate be executed within 14 hours

TO HEISITAL

	PLACE OF DEAT COUNTY		137	MAR)	11	USUAL RESIDEN STATE MARYLAND	. '	e deceased 1	ived. If institut b. COUNT	non, Residence ALLEGAN	before odm	ission)
	b CITY OR TOV	VN (If autside carporate lin ive peorest town)	nits, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOV	VN (If outs	ide corporo	te timits, write l	RURAL and giv	e nearest to	wn)
	CUMBERL	AND		13 HRS.15	MIN.	CUMBERLA	ND -	12				
	OR ANSTITUT	OSPITAL (If not in hospital,	give street o	ddress)		d. STREET ADD		1			a IS RI	ESIDENCE A FARM?
M	MORTAL	HOSPITAL-MEM	ORTAL	& WARWICK	ce	516 CONF	RAD A	VENUE				□ NO 🚺
3.	NAME OF DECEASED	F	ırst	Middle	CI O B	Last	4	DATE OF	Мо	nth	Day	Year
	(Type or print)	JOHN		Ε		COOPER	3	DEATH	FEB	RUARY	1	19 60
5	5EX	6. COLOR OR RACE	7. MARRI	ED 🕅 NEVER MARRI	ED 🔲 8 C	ATE OF BIRTH		9.	. AGE (In years last birthdoy)			· ·
	MALE	WHITE	WIDOWE	D DIVORCE	D I NO	VEMBER 2	2, 19	10 1	19 yrs		ays Hours	s Min
10a	USUAL OCCU	PATION (Give kind of work	done 10b. I	CIND OF BUSINESS C	R INDUSTRY	11 BIRTHPLAC	(State or	foreign cou	ntry)	12. CITIZE	N OF WHAT	COUNTRY?
	AGENT	PATION (Give kind of work warking life, even if retire	" PRUI	DENTIAL LI	FE INS	PENNS	SYLVA	NIA		U.\$	.A.	
13.	FATHER'S NAM	E			1	4. MOTHER'S MA	LIDEN NA	ME				
	E	RNEST COOPER				MARCE	ELLA	DERN				
15.	WAS DECEASED	DEVER IN U. S. ARMED FO		SOCIAL SECURITY NO						dress		
(	Yes	W W II	2	LLI- 10- 55	70MEMC	RIAL HOS	SPITAL	L, CUN	MBERLAN	D, MARY	LAND.	
	IB. CAUSE OF	F DEATH [Enter only one of	ause per lin	e far (a), (b), and (c).	1 0		٨		C .	.\	INTERVAL I	
	PART I.	. DEATH WAS CAUSED BY IMMEDIATE CAUSE	ial	Muneure	ais	In are	Much	~ (	Serv	( les	2 4	han
	420	4	. /-	1								
		if one which \	b)									
	gove rise	to immediate (									-	
	lying couse	ing the under-	[c]									
Z	PART II	OTHER SIGNIFICANT CO		ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO TH	IE TERMINA	AL DISEASE	CONDITION GI	VEN N PART 1	(o) 19, WAS	S AUTOPSY
ATK											YES [	ORMED?
CERTIFICATION	20a ACC.DEN	T WAS UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURRED (1	Enter nature of in	jury in Por	rt I or Part I	l of item 1B )			
CER	OR CONTRIBU	TING () CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	1									
CAL	20c TIME OF	NJURY Month, Day, Y	ear 20d IN	JURY OCCURRED		OF INJURY (Hor		20f (City o	ir town)	(Co	unty)	(State)
WEDICAL	Hour o	. m. . m	While of work	Not while	foctory	r, street, office bl	dg., etc.) ¦					
~					,	2-1-	30.6	- 1	*** /	20 6	S at 1 115	4 1 5
		that (I) (this haspite	コート	ea me aeceasea 19_ <u>60</u> , and					3-(_			
	22a. SIGNATU	ceased alive an		17_90.0, and	that dea	in accurred c	II I Y E W	V from ii	ne causes a	nd on the o		22b. DATE
		( 10	0	\ e_	M D	ATTENDING PHYS	MED	CTOR 🗆	STAFF PHYS			SIGNED
	22c. PHYSICIAI		1 6	y clean	PAT 12	22d ADDRESS	DIKE	CIOK	LU13 []	4 4	4 - >	7-60
	NAME (Ty	rpe) DR. W. P.	IAME:	5.		MH	In a	utu	SY, Cu	mbulance	I hu	1
230	BURIAL CREM	NATION, 236 DATE THERE	OF	23c. NAME OF CEM	ETERY OR C	REMATORY	23	3d LOCATIO	ON (City, town,	or county)	151	tote)
	REMOVAL (5pm Buria	ecify) = /\ // =		Hillcrest				Cumber			_	,
24.		CTOR'S SIGNATURE		ADDRESS	DUCLE			BY REGISTRA		Merry ISTRAR'S SIGN		
,			12772° 0 20°		Marria			D 9 16		Intlun &		

Maryland

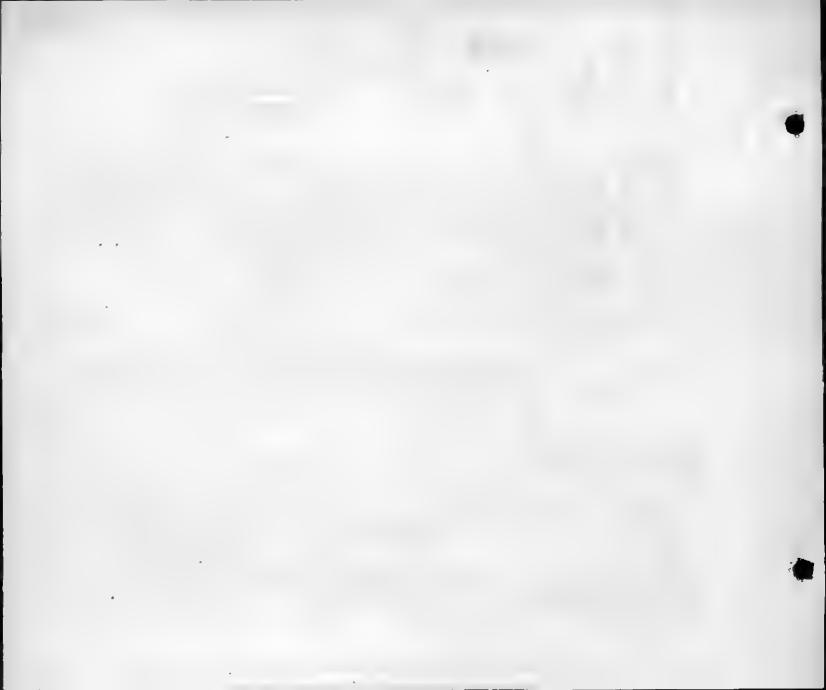
DATE FER 8



VS A15 (4) 15M 10/57 24a, REC'D BY REGISTRAR

DATE FEB 2 9 '60

245. REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1429 CERTIFICATE OF DEATH

Rea.	Police.	NA-
Req.	UISI.	INO.

		N. of CV. N.			- 8 1.1.0 1.1.1				
	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (WHO STATE Mary)	and b. COUNTY	Residence before odmission				
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest fown) Frostburg		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lonaconing						
1	d. NAME OF HOSPITAL (If not in hospital, give sor Institution Miners Hospital	(reet oddress)	d. STREET ADDRESS Haneka	mp Street	e is residence on a farm? YES \( \square\) NO \( \frac{1}{2} \)				
	3. NAME OF DECEASED (Type or print) Jesse	Middle	Dohm tost	4. DATE OF Februa	ry 14 Yeor 60				
	7.77. 4 4	MARRIED NEVER MARRIED DOWED MONTH	B DATE OF BIRTH December 10		UNDER I YEAR IF UNDER 24 HPS onths Doys Hours Min				
-		106 KIND OF BUSINESS OR INDU	·	or foreign country) ng, Maryland	12 CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME Jesse Doh	ITA.	14 MOTHER'S MAIDEN N	NAME NOWN					
	15. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes. no. or unknown) (If yes, give wor or dates of service)		Faye Dohm	Address Lonaconin	g, Md.				
	TB CAUSE OF DEATH [Enter only one couse of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line log (a), (b), and (c) ]	"Daughter"	ne w/o hop	INTERVAL BETWEEN ONSET AND DEATH OF ST				
	592 X DUE TO Conditions, if ony, which (b)			V					
	couse (o), stating the <u>under-</u> ying couse last.   C)								
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)								
		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port 1 or Port II of item 18.)					
	Hour e.m.	Od. INJURY OCCURRED 20e PL. While Not white for twork all work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)				
	21. I centify that I attended the de-	(a)	1960, to 1		hat I last saw the deceased an the date stated abave.				
	ACTUAL SIGNATURE	Vash		ADDRESS (Street, city or town, stat					
	PHYSICIAN'S NAME (Type)	· VAS+	100 100 100 100 100 100 100 100 100 100		J				
	220 BURIAL CREMATION, 226 DATE THEREOF 2/17/60	Oak Hill C	enetery	22d LOCATION (City town, or co	ounty) Md(State)				
	George Eichhorn	Lonaconing, M	24a. REC'I		AR'S SIGNATURE				



VS A15 (4) 1SM 10/S7 01376

1430	CERTIFICATE	OF	DEA	ΛTΗ

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Adlegany MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Frostours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Lonaconing							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Miners Hospital	d STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES NO							
3 NAME OF DECEASED [Type or print] Rhoda	Dohm Death February 15 19 60							
Female   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   NEVER MARRIED   DIVORCE	Table 1 Company   Months   Dove   Months   Months   Dove   Months   Mont							
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Work  Own Home								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Alex Brown  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Rhoda Beeman							
[Yes, no or whnown] [If yes, give wor or date of service]	Mrs. Agnès Nines Lonaconing, Md.							
18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	interval Between onset and Death 24 hours							
Canditians, if any, which ) (b) Cuterioscl	lawsi's years							
couse (o), storting the under   DUE TO   Precumo	nitis a weeks							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE  200 ACCIDENT WAS UNDERLYING D  200 ACCIDENT WAS UNDERLYING D  OR CONTRIBUTING D CAUSE OF DEATH  UIF EITHER, NOTIFY MEDICAL EXAMINER	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO							
	OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18 )							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Nat white of work of work	20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) (City or town) (County) (State)							
21. I certify that I attended the deceased from 320	4 , 1960, ta 3eb. 15 , 196 That I last saw the deceased							
alive an 3.6 . 14 , 1960 , and that	t death accurred atCLL_M, from the causes and on the date stated above.							
ACTUAL SIGNATURE SESSIER, Mily	ACTUAL SIGNATURE SULLER MD.  ADDRESS (Street, city or lown, state)  DATE SIGNED  2: 18-60							
PHYSICIAN'S LESLIE R. MILES SIR.	M.b. LONACONING, MD.							
BUTTATPECIFY 2/18.60 22c NAME OF CEM OLD CO	ney crematory Location (City, town, or county) Lonaconing, Md.							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George Eichhorn Lonaconin	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATEFEB 1 9'60 O May 8. Knows							
	DAILE ES 19 00 Commit 2.							





TO HOSPITAL

VR A15 (4) ISM 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	LEGANY		N	ARYLAND	o. STATE	DENCE (WA		lived If institut b. COUNTY			ssion)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF S	TAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						wn)
RURAL and give ne	A. A.M.		62 DAY	e	X L	ONA CO	NING				
d. NAME OF HOSPIT	AL (If not in hospital, HOSPITAL		oddress)	J	d STREET	DDRESS	STREE	т			ESIDENCE A FARM?
MEMORIAL				· J	1)		4. DATE		. st		
3. NAME OF DECEASED (Type or print)		IST IN		iddle	D <b>O</b> C	LAN	OF DEATH	Mo FEI	BRUARY	25	19 60_
5. SEX	6 COLOR OR RACE	7- MARR	IED 🔲 NEVER M	ARRIED 🔲	B DATE OF BIRT	н 1	887	<ol> <li>AGE (in years jost birthday)</li> </ol>	2	YEAR IF UNI	T
FEMALE	WHITE	WIDOW	DIVO	ORCED 🔲	AUGUST	6.188	6	72 yrs		Days Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHP			untry)	12. CIT12	EN OF WHAT	COUNTRY?
Housewif	•	31	•		PEH	IN, M	D.		U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S						
JOHN DA	RNLEY				KA	THERI	NE MAC	KEY			
15. WAS DECEASED EVE			SOCIAL SECURITY	7 NO. 17 II	NFORMANT			Ade	dress		
(Yes, na, ar unknown)	If yes, give war or dates of		lone	ME	MORIAL H	IOSPIT.	AL	CUMBI	ERLAND	, MARYL	_AND
	TH [Enter only one of		ne for (a), (b), and	(c).]						INTERVAL E	BETWEEN D DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Acu	te left	ventri	cular fa	ilure				sudd	
421	DUE TO										
Conditions, if a	ny, which )	aur Aur	icular f	ibrill	lation						
gove rise to i	mmediole Dus To										
lying couse lost.	rne <u>under-</u>		cardial	fibros	osis & coronary arteriosclerosis ?						
PART IL OTH	IER SIGNIFICANT CON									I(o) 19 WAS	ALTOPSY
S Incomplet	e wight he	minec	ria core	ert bu	indie bra	inch b	Lock,	uremia	ont non	YES T	NO 🔯
# 20g ACC DENT WA		20h DES	CRIBE HOW INJU	RY OCCURRE	D (Enter noture	of injury in l	Port I or Port	II of item 18 }	enimenin	11 <b>V</b> } =	
		1		ne ne	4.65 65 (1) (10)		DAT INT				40
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While of wor			ACE OF INJURY street, office			or town)	(C	ounly)	(Stote)
	t (I) (this hospita	I) attaca	lad the deco-	and from	12.	/25/10	50 %	2/25/_	10 6	O that /IV	Iwal last
saw the deceas		/25/_	19 <u>60</u> ,	and that	death accurre	d a 8: 1	6, PMm	the causes a	nd on the	date state	ed abave.
220. SIGNATORE  ATTENDING  M.D. PHYS  M.D. PHYS  DIRECTOR   PHYS								2	/27/60	22b, DATE SIGNED	
22c. PHYSICIAN'S NAME (Type)	Samuel-	M. Ja	cobson,	M. D.	22d. ADDR	ESS					
	TAIRAAMAAAA	AMAIAN	WHAT WILL A		) 50 F	ersnı	ng St.	Cumbe	erland	Md.	
23a. BURIAL, CREMAT C REMOVAL (Specify)	Feb. 29	), <b>19</b> 6	O St. I	CEMETERY C	Cemete	ry	Lona Locat	Coning	or county) Mar	yland (s,	iote)
24 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			25a. REC'	D BY REGISTI	RAR 25b REG	HSTRAR'S SIG	NATURE	
George Ei	chhorn 1	Lona	coning,	Mary	land	DATE M	AR 1 'E	60 0	lethur S.	Krana	



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

01379

CEDTIFICATE OF DEATH

be filed with	M	\
D		

death. Page 4

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Noticed by the hospital or ottending physician.

Notice of the precision of confidence of the attending physician and completely filled in by the funeral director, and be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filed with Board of Health prior to burial, cremation, ar removal, and in any event, within 72 houge after death.

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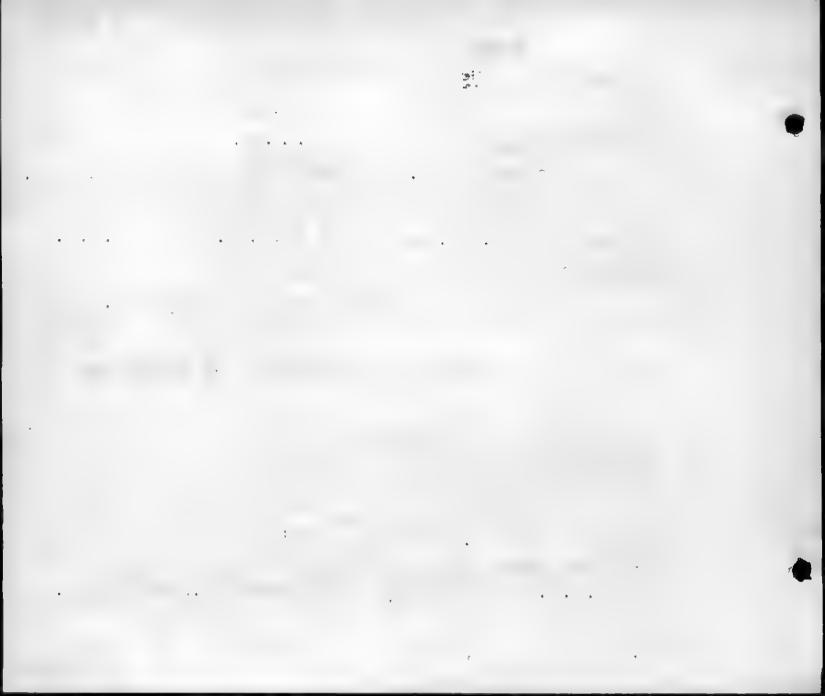
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

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	LACE OF DEATE	1	0E-63-8			2. USUAL RESID	ENCE (Wh	ere deceose			Residence b	efore odn	nission)
"	. COUNT	ALLEGANY		e M	ARYLAND	b. sixie	MRYL	AND	b. COL	INIT #	LLEGA	NY	
b	. CITY OR TOW	N (If outside corporate lim	its, write	c. LENGTH OF S		c CITY OR TO	OWN (If o	utside corpo	rote limits, wi	ite RURA	LL and give	nearest to	rwn)
	CUMBERI	LAND		6 DAY	5	×	:UMBE	RLAND					
d	OR INSTITUTE	SN MEMORI ALLICH	OSPIT	address)		d. STREET AD		4.1				e (S I	ESIDENCE
		K & MEMORIAL	AVEN	UES		, ' R	}.F.D	. #4,				YES	□ NO M
3 N	IAME OF	Fi	rst '		ddle	Last		4. DATE		Month		Doy	Yeor
	Type or print)	ST	EPHEN	F	₹•	EDWARD	)\$	DEATH	FE	.BRU/	ARY	2,	19 60.
S. S	EX	6. COLOR OR RACE	7 MARE	RIED   NEVER MA	ARRIED 🔲	B. DATE OF BIRTH			9. AGE (In y		UNDER 1 Y		IDER 24 HRS.
	MALE	WHITE	WIDOW	ED 💢 DIVO	RCED 🔲	JANUARY	78,1	877	83	yrs	ionnis Do	75 1100	min.
10a.	LSUAL OCCUP	ATION (Give kind of work working life, even if retired	done 10b	KIND OF BUSINE	S OR INDUS						ļ		T COUNTRY?
R		Engineer	B	. & O. F	lailro	ad PAW	PAW,	W. V/	4.		U	5.	A .
13 [	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME					
	ROBERT	EDWARDS				MARG	BARET	GODD/	ARD				
	WAS DECEASED	EVER IN U. S ARMED FO		SOCIAL SECURITY	NO 17 IN	FORMANT				Address			
n					ME	EMORIAL H	HOSP I	TAL -	CUMBER	LAND	), MD.		
	1B. CAUSE OF	DEATH [Enter only one c	ouse per la	ne for (o), (b),	(c),]	1/1-		//		-			BETWEEN ND DEATH
	PART I.	DEATH WAS CAUSED BY IMMEDIATE CAUSE (	0}	<u> </u>	2/Chr	1 Van	ulu	vll	CEI CO	ul		157	uns
422.1 DUE TO OF A 1 1 1 1 1 1							1	1 4-					
		if ony, which	b]	Bur	led	autoro	ste	redu	auali	0/14	entry	Mesic	4.
		o immediate DUE To	)				- •				1		
	lying couse le		c)										
N N	PART II	OTHER SIGNIFICANT CO	NDITIONS (	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEAS	SE CONDITIO	N GIVÊN	IN PART 1		S AUTOPSY
CERTIFICATION				Me	uny	44						YES	□ NO N
RTJE	20a ACCIDENT	WAS UNDERLYING [	20b. DES	CRIBE HOW INJUI	RY OCCURRE	D. (Enter nature of	injury in	Port I or Po	rt II of item II	3.)			, ,
	(IF EITHER, NO	TIFY MEDICAL EXAMINER)											
WEDICAL	20c TIME OF IN Hour a.	UURY Month, Doy, Yo	ear 20d I While	NJURY OCCURRED Nat while	20e. PLA	ACE OF INJURY (Harry, street, office	lome, farm bldg., etc	.) 20f. (Cit	y or town)		(Con	nty)	(Stote)
WE		m. 19	of wor		]								
	27 I certify	that (1) (this haspite	il) attend	ded the decea	sed fram	Aun	, 12	£0.10.	tal		, 19 <b>6</b>	that (I	) (we) last
	saw the dec	eased alive an	tell z	19 60	and that d	eath accurred	a <b>8; [</b>	5AMram	the couse	s and	an the d	ate stat	ed abave
	220 SIGNATOR		1	10		4 377 Ch 1874 h 167			A7457				22b DATE SIGNED
	- EN	Hoesser	uli	MAL		M D. PHYS	Di Di	ED. IRECTOR	STAFF			2/	4/60
	22c PHYSICIAN NAME (Typ	las	/-			22d. ADDRE	<i>i</i> s \						
	- (*)	DR. G. O.	HIMME	LWRIGHT	M, D	133	3 VIR	GINIA	AVE.,	CUM	BERLAI	WU, M	U.
23a.	BURIAL, CREMA	ATION, 236 DATE THERE	OF	23c. NAME OF	CEMETERY O	R CREMATORY		23d LOCA	TION (City, I	own, or o	ounty)	(5	itote)
	Burial	2/5/60		Hilcres	st Bur	ial Park			rland	Ma	rylar	d	
1 -		TOR'S SIGNATURE	1	ADDRESS Mesons	-1		2So. REGA	EBY PEGIS	JRAR 256		AR'S SIGN		
J	ohn J.	Hafer, Cuml	belly	na, mary	Tana		DATE		-		7 ,641, 7	- Pudahun	

DATE



TO HOSPITAL

VS A15 (4) 15M 10/57

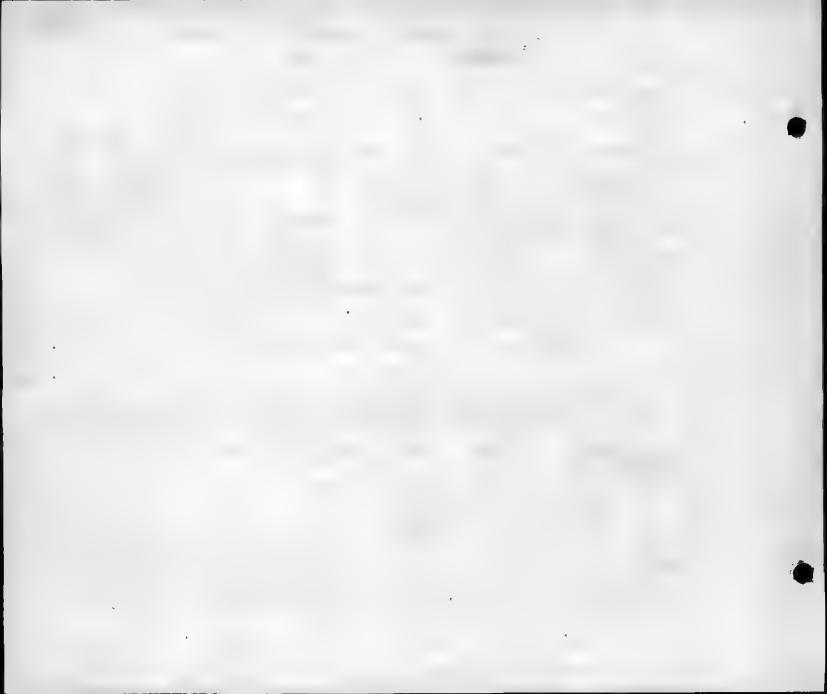
**CERTIFICATE OF DEATH** 

Reg. Dist. No.

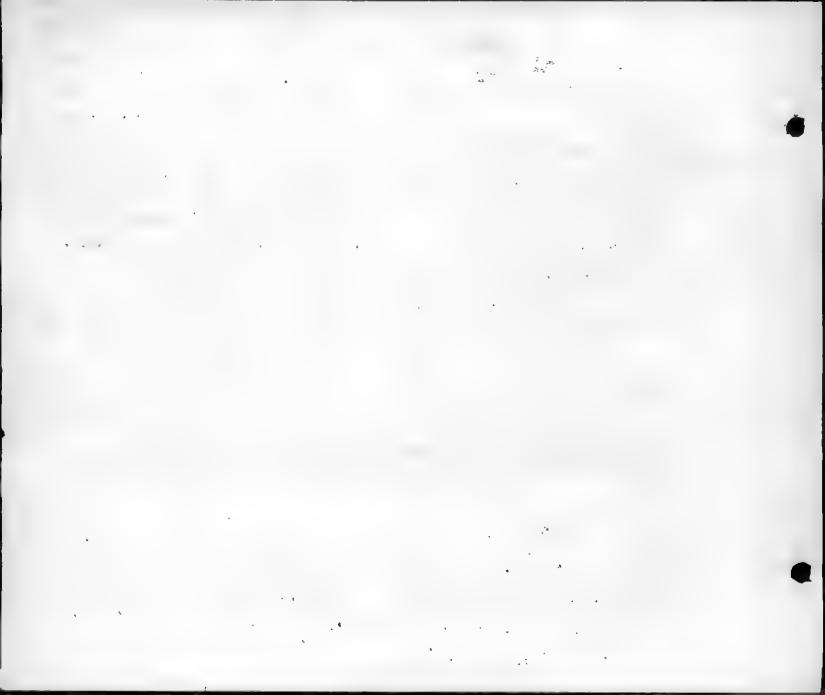
)	b. City Or TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b				2 USUAL RESIDENCE (Where deceased lived, Il institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany					sion)	
		LONZION (IF	11	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Lonaconing							
			L (If not in hospital, give stree Douglas Ave		d. STREET A		glas l	Avenue		ON.	SIDENCE A FARM? NO
		NAME OF DECEASED (Type or print)	George		Eichhor		4. DATE OF DEATH	Februa		Doy 18	Yeor 1960
	5. 5	Male	Life for the state of the state	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTI		1865		F UNDER 1 Y Manths Da		ER 24 HRS Min.
)	10a	during most of works	N (Give kind of work done 10 ng life, even if retired)  A PAINCEP	b. KIND OF BUSINESS OR INDU			foreign country Mary	* *		S.A.	COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S						
			ugust Eichh			redri	cka Sc	chaffer	-		
	15. (Yes	no or unknown) (1	IN U. S. ARMED FORCES? 1 yes, give wor or dates of service)	M:	rs. Aug			Addres	naco	ning,	Md.
		PART I. DEAT	H (Enter only one couse per H WAS CAUSED BY- IMMEDIATE CAUSE (o)  DUE TO y, which ) (b)	late My	Daughte		Law"	icon	(	NTERVAL BONSET AND	DEATH
	7	gove rise to im couse (o), staling the lying couse lost.	mediate DUE TO							0	
3	CERTIFICATION			CONTRIBUTING TO DEATH BU					Y IN PART 1(	PERF	ALTOPSY DRMED?
		200 ACCIDENT WAS OR CONTRIBUTING ! (IF EITHER, NOTIFY A	UNDERLYING [] 206. DE I CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture o	injury In Pai	rt I ar Port II a	l item 18.)			•
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whil	INJURY OCCURRED 20e. Ple Not while ork of work	LACE OF INJURY (I octory, street, office	tome, form, bldg., etc.)	20f. (City or I	own]	(Cour	nty)	(Slote)
		21. I certify the	t, I attended the deced	ised from Job. 1	1 , 1960	, to	ela: 18	1960	that I last	saw the	deceased
		alive an_ 7e	b. [] 12	Go and that death	occurred at			e causes on city or town, ste			ed abave. ATE SIGNED
		SIGNATURE	Du K. VK	des fr.	M D	MA	IN S	S.T.		2.7	0.60
			SLIE R. MI			Acon		MD.	der wit 40 als vis en aggregate		
		Beristy	2/21/60	Memorial H	Park	2.	Frost	City, lown, or burg	- In	Id. (Sie	re)
k v	23.	FUNERAL DIRECTOR'S George E		ADDRESS Lonaconing,	d.	240. REC'D FEB DATE	BY REGISTRAR 3 2 3 160		RAR'S SIGNA		



after







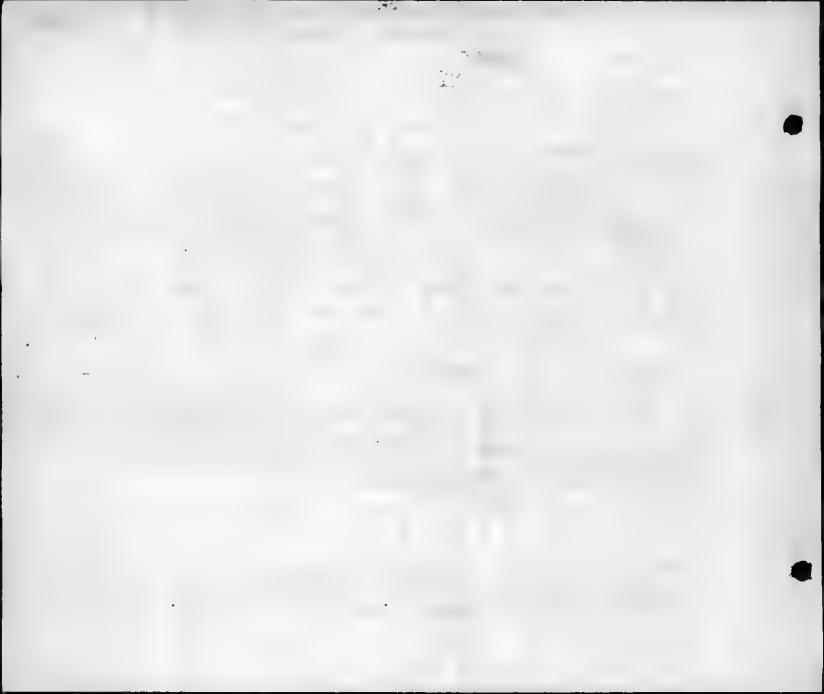
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or remaval.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01384

		Reg. Dist. No.								
1. PLACE OF DEATH		130	1	2. USUAL RES	IDENCE (W	here decease	ed lived. If Inst			
o. COUNTY	legany		MARYLAN	o. STATEM	eryl	and	b. COUN	IN ALL	egany	•
b. CITY OR TOWN	If outside corporate limits, w	ite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF	outside corp	orote limits, wri	te RURAL and	give negresi	lown)
Carabber			50vrs							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					ADDRESS	#	-		0. 6	RESIDENCE
Memori	al Hospi	tal		418	Seym	our S	treet			NO 图
3, NAME OF DECEASED	3. NAME OF First DECEASED		Middle	Last		4. DATE OF	Ma		Day	Year
(Type or print)	Nora		Emerso	n		DEATH	reb.	25, =	3.00	1960
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years fait birthday)	IFUNDER I		NDER 24 HRS.
F	W	WIDOWE	D TO DIVORCED	April :	27. ]	[885	74 yr		Days Hou	m Min.
100. USUAL OCCUPA	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)									
Housew							enna		USA	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N		-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		U-13-63	
Henry	Porter			Mary	v Sn	nith				
15. WAS DECEASED	EVER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., 6/1.	Addre	14		
(Yes, no, or unknown)	(If yet, give wor or dates o		None	Mr. Miel	fact	Perr	v 418	Seymon	in St	
	EATH Enter only one co			011 0 111101	- ACA ( ) ACA		Y_TLU_	De y mor	INTERVAL BE	TWEEN
	EATH WAS CAUSED BY			CTUSTON	DT	O TE MI			ONSET AND	
110	IMMEDIATE CAUSE (		CORONARY OC	CLUSION	<u> </u>	GHT			1 0	Hrs.
Candition 16	DUE TO		A VE VIEW CON		CTO				0.3	O TIME
Conditions, if gove rise to im-	mediale couse		CORONARY	THROMBO	STS		<del></del>		8-1	.O Hrs
(o), stoling the										
_		UDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT PELATED TO	THE TERMIN	NA! DISEASE	CONDITION C	IVEN IN PART	1(-)[10] 14/4	Y200TIL 2
E 13K1 11.	FILLER SIWING THE WAY	101110113 111				MAP DISTANCE	CONDITION	HINTE HE TAKE	PER	FORMED?
20m EYTERNIAL	CALIES WAS	OL DECCDIO	Emaciation				f !: 30 :		YES	NO 🗌
_	CAUSE WAS CONTRIBUTING []	OD. DESCRIB	E HOW INJURY OCCURRED.	(Enter notive or in	jury in rom	I or Part II	of Hem 18.)			
20c. TIME OF IN	JURY Month, Day, Yo	or 20d.	INJURY OCCURRED   20e. PI	ACE OF INJURY (I	lome, form	20f. (City	or lawn)	(Cour	nty)	(State)
Hour a. (		While of we	e Not while To	ctory, street, office	DIGG., erc.;					
			remains described ab	ove, held an	Autopsy	√ [v]. In	spection X	Inquir	/ <b>1</b> / an	d find that
1 1	ed from: Natural	-	<b>-</b>		omicide	34.3	determined		, <u>, , , , , , , , , , , , , , , , , , </u>	
	1	, 11	1 (1						DAT	TE SIGNED
ACTUAL SIGNATURE										
EXAMINER'S	ASSISTANT MEDICAL EXAMINER									
NAME (Type)	BENEDICT S	SKITA	RELIC. M.D.	DEPUTY	MEDICAL E	XAMINER T	DOB	25.	1960	
22a. SURIAL, CREMA	TION, 226. DATE THERE		22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCAT	ION (City, town		(S	(cie)
Burial	"" 2-27-6	0	County Cem	etery		Cum	berlin	d, Md.		
23. FUNERAL DIRECT	OR'S SIGNATURE	14 (4	ADDRESS	-3	24a. REC'E	BY REGISTI		SISTRAR'S SIG		
James 1	Scarpel	LI O	umberland, Mo	4.0	DATE	EB 29'	00	Cathur S.	Thatek	

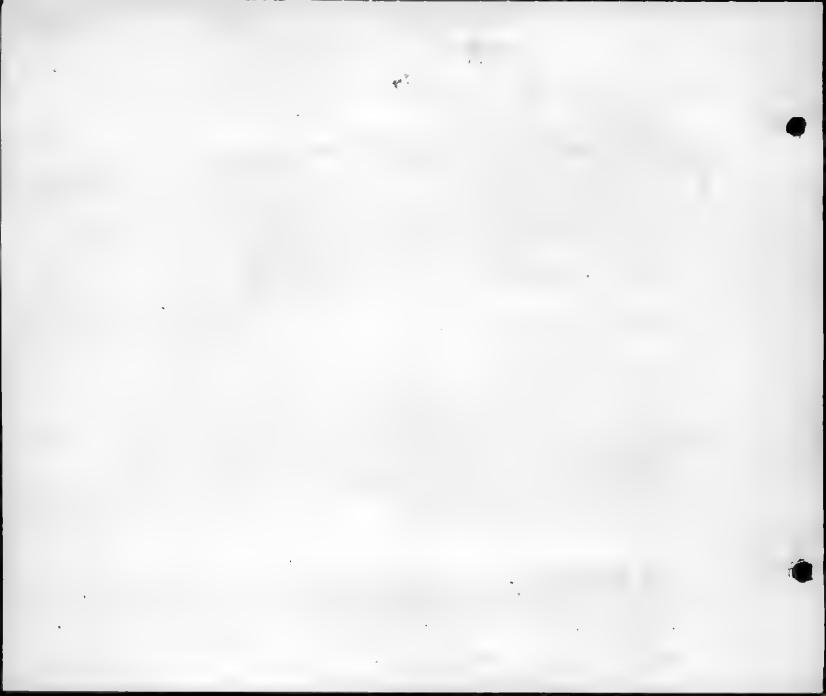


061

# DIVISION

OF STATISTICAL RESEAR	CATE OF DEATH  CATE OF DEATH	01385
-300	2 USUAL RESIDENCE (Where deceased lived If institution: Resid	lence before admission)

1.	PLACE OF DEATH  a. COUNTY			2 USUAL RESIDENCE	E (Where decease		an: Residence befo	ire admission)	
	Allegany	MARY	LAND	o. STATE Mar	vland	b. COUNTY	Allega	anv i	
	b CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside corpo	prote limits, write Ri	JRAL and give ne	arest fown)	
П	Frostburg	10 day	s II	X Mt.	Savage	2			
H	d. NAME OF HOSPITAL (If not in haspital, give street			d STREET ADDR				e. IS RESIDEN	CE
	Miner's Hospital			•				YES [ NO	
3.		Middle		Last	4. DATE	Mgn	th D		
3.	DECEASED	MILLIE			OF				^
S	Aillia	DOUTD CO ALCUED MARRIED		Fannon	l Jean	Februar  9. AGE (In years	y 21:		
3.		RRIED NEVER MARRII			h,1880	last birthday)	Manths Days		lin.
10	Male White WIDON  o. USJAL OCCUPATION (Give kind of work done 10)						12 CITIZEN O	F WHAT COUN	TRY?
1	_during most of working life, even if retired)	_			-	,			IKII
10	Housework (	own housev	VOT.K	MAI' Y	Land		USA	Ī	
13									
10	Patrick H. Farrell was deceased ever in u. s armed forces? In		17 (5)	DRMANT	Conlin	Addr			
	et, no or unknown) (If yes, give wor or doles of service)	6. SOCIAL SECURITY NO						203	
			Mr:	s.Daniel	Willia	ims, Mt.	Savage	, Md.	
П	18. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).	] `	(6 ) + 2 -	1.	1 1/12	7 INT	ERVAL BETWEI SET AND DEA	TH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mis 1 1/4 2	·~	E gt 1.	12 6 CC 3 4 5	fre 1		10:00	
1	745 X DUE TO	1.5				V-10-1	CFCA-21	1	
	Canditions, if any, which ) (b)	7 7						P	
	gave rise to immediate Couse (a), slating the under-								
	lying cause last.								
2	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	19 WAS AUTO	
FICATION								YES NO	
FE	200 ACCIDENT WAS UNDERLYING DECEMBED TO THE OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY O	CCURRED.	(Enter nature of inje	ury în Part I ar Pa	rt (1 of (tem 1B)			
CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED		E OF INJURY (Ham		y ar town)	- (County)	(5	itate)
AED3	Hour a. m. Whi	ork at wark	facia	iry, street, affice bld	9-4(5)				
^			f	01	10 ( : 7 : -	2/2/	10/2/20		
	21 I certify that (I) (this haspital) after	,				2-/2-1			
	saw the deceased alive an	19_Q_? and	that de	ath accurred at	EZZEM, fram	the causes an	d an the date	stated abo	
	1 2 2 3 4	-f- '	a! 794	D. PHYS	MED	STAFF			NED
	22c. PHYSICIAN'S	adters.	. WI	D. PHYS 22d ADDRESS	DIRECTOR	PHYS			
	business of the second	othstein	- 11		oadway.	Frosth	name M	4	
=			PERMIT AS						
23	BUR AL, CREMATION, 236 DATE THEREOF	St.Patri				Savage		(State) Md -	
-	Burial 2-25-60		LCK		•	1	<del>/</del>		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	163		REC'D BY REGIS		STRAR'S SIGNATU		
	Joseph R. Durst, F	rostburg,	MG.	DA	TEFEB 2 5 '6	- C	Princial Till i Colone	a.F.	



TO HOSPITAL

VS A15 (4) 15M 10/57

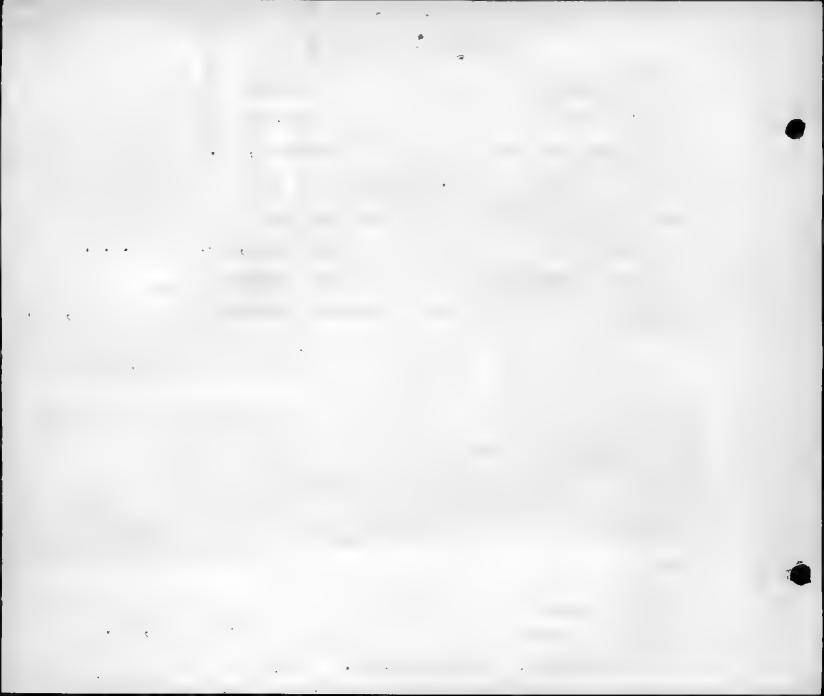
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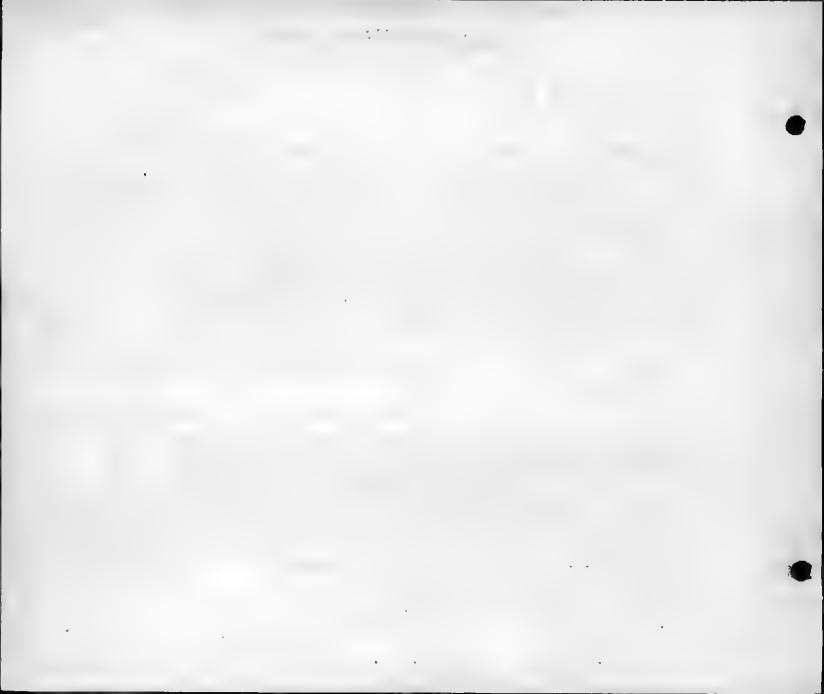
01386

## 1434 CERTIFICATE OF DEATH

Red Dist No.

1 L		neg. Dill, No.							
ī	PLACE OF DEATH  O. COUNTY	USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)     O. STATE     D. COUNTY							
L	Allegany MARYLAND	Maryland Allegany							
П	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
П	Frostburg	X Lonaconing							
	d NAME OF HOSPITAL (If not in hospital, give street oddress)	,d. STREET ADDRESS e. IS RESIDENCE							
Т	OR INSTITUTION	Washington ST   YES □ NO 図							
1	Miners Hospital	140111116001111111111111111111111111111							
ľ	DECEASED	Lost 6 DATE Month Day Year							
H		ENBAKER   DEATH 2/1/1960 19							
5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdey)  Months Days Hours Min.							
F	emale White WIDOWED DIVORCED	4/23/1901 58 75							
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Housewife	Lonaconing, MD. U.S.A.							
√Ti	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Coorne McCount ols	Toma Paranhalana							
1	George McCormick  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. 10	Lora Fazenbaker							
1	Yes. no. or unknown) [If yes, give war or dates of service)								
=		larence Fazenbaker Lonaconing, MD.							
П	18 CAUSE OF DEATH [Enter only one couse peculine for (o), (b), and (c).]	(Husband) Interval Between							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Oxclity, Menotic 3 Co.							
	4/5 X (DyE)10								
+	Conditions, if ony, which) Vyla ac Liva 5'6	of thounate flyer							
Ł	gove rise to immediate couse (a), stating the under								
Ł	lying couse lost.								
12									
CEDITEICATION	Virus pheumonia	PERFORMED?							
100	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED	YES NO							
103	OR CONTRIBUTING CAUSE OF DEATH	. Lister holder of highly in four tot teat to of teat 10.1							
ANEDICA	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA Hour o. m. While Not while	ICE OF INJURY (Home, form, 20f. (City or lawn) (County) (State) fory, street, affice bldg., etc.)							
44.8	p. m. 19 of work at work								
ı	21. I certify that I attended the deceased from 2	1960, to 300, 19 that I last saw the deceased							
	alive on 1960, and that death	occurred at							
П		ADDRESS (Street, city or town, state) / DATE SIGNED							
Н	ACTUAL RAPO /OSh 1	27 Mail Ch. Loyacourin							
П	SIGNATURE	M.D.							
	PHYSICIAN'S POSTON COCA								
	NAME (Type)								
12	REMOVAL (Specify) 22b. DATE THEREOF 22c NAME OF CEMETERY OF	(31016)							
L	Burial   2/4/1960   Oak Hill Ce	Lonaconing, MD.							
23	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE							
	GEORGE EICHHORN. LONACONING.	MD. DATE EB 5 '60 Circles 9 5							





13

ITTENDING PHY SICIAN: The law remaines that the death certificate be execused within 24 hours

TO HOSPITAL

VS A15 (4) 15M 9/5B

1383 CERTIFICATE OF DEATH

	20	00	Keg. Dist. No.									
	PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY									
_	Allegany	MARYLAND	Maryland Allegany									
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside carporate limits,	write RURAL and gi	ve nearest town)						
	Cumberland	13 days	02 Cumberla	and								
of.	d. NAME OF HOSPITAL (If not in hospitot, give street of OR INSTITUTION	oddress) d. STREET AI		RESS		e. IS RESIDENCE ON A FARM?						
ρĹ,	Sacred Heart Hospital		/ 29 N. Lee	St.		YES NO X						
	3. NAME OF First DECEASED	Middle	Lost	4. DATE	Month	Day Year						
	(Type or print) Dorothy	Ann	Fisher	DEATH	Feb.	1 1960						
	5. SEX 6. COLOR OF RACE 7. MARRI	EX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   IF UNDER )										
	Female White WIDOWE		8/5/19	lost bir	yrs. Months	Days Hours Min.						
	10o. USUAL OCCUPATION (Give kind of work done 10b. It	(IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITIZ	EN OF WHAT COUNTRY?						
	during most of working life, even if retired) Housewife	wn home	Cumberla	end. Md.	T	J.S.A.						
	13. FATHER'S NAME	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	14. MOTHER'S MAIDEN N			10000						
)	Alonzo Chorpenning	1	Eleanor De	ankar								
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO.	NFORMANT	ECKE1	Address C.	m.h. 31 d						
	(Yas, no, or unknown) (If yes, give war or dates of service)		lliam G. Fi	sher Sr.	29 N. L	mb. Md. ee St						
			III On II	TONCI DI	- / 110 1							
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	o for (0), (0), and (c).	4			INTERVAL BETWEEN						
	IMMEDIATE CAUSE (0) Partition Cova 9009											
	DUE TO 3 to to 1											
	Canditions, if any, which gove rise to immediate (b) Mulastalue Carrellina provide (b)											
	couse (a), stating the under-	couse (a), stating the under DUE TO										
	lying couse lost. ) (c)	menne	of or gui	mas	1	7072						
_	PANY II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMEDI						
v.	PART II OTHER SIGNIFICANT CONDITIONS CO					YES NO						
	206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D (Enter noture of injury in	Port I ar Part 11 of item	18.)							
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)											
		E-	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.		{C	ounty) (State)						
	Hour a.m. p. m. 19 While at wark	Not while of wark										
	21. I certify that I attended the decease	d fram 3/12	1959 ta	2//	1% Othat I las	t saw the deceased						
			accurred at 1:42									
	alive an											
	SIGNATURE of Lornay & Jeurs M.D. Algonquin Hotel 2/2/60											
/	PHYSICIAN'S Thomas F. Lewi	is M.D.	Cumber	rland, Md	•							
	220. BURIAL, CREMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (City	, town, or county)	(State)						
	Burial 2/3/60	SS. Peter &	Paul*s	Cumberl	and, Md.							
Ž.	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a PEC'	D BY REGISTRAR 24	b. REGISTRAR'S SIG	NATURE						
6.	H. Wayne George Cuml	perland, Md.	DATE	B 4 '60	Kraug							
			1 - 11			7.4						



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TO HOSPITAL

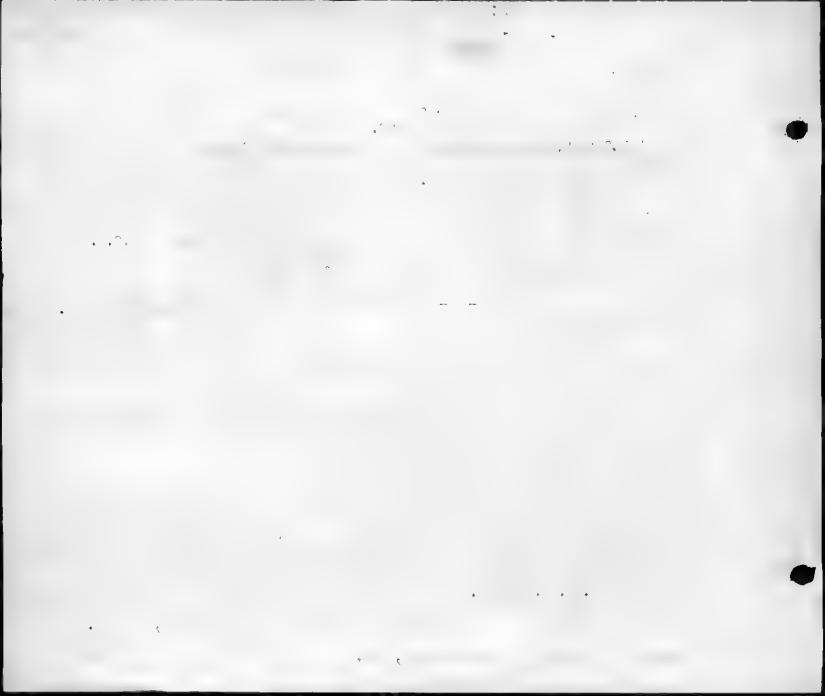
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND DIVISION

384CERTIFICATE OF DEATH

01389

	1, F	LACE OF DEATH	5			штин	n. STATE		iare decease	d lived. If instit b. COUN	TY		e admissi	on)	
	-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b					c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
	RURAL ond give neovest town) CUMBERLAND 15 DAYS					X LONA	X LONACONING								
d.	(	d. NAME OF HOSPITAL (If not in haspital, give street address)  AVES				d. STREET	ADDRESS				•	ON A	DENCE FARM?		
U	MEMORIAL HOSPITAL MEMORIAL & WARWICK				WATE	WATERCLIFFE STRFFT YES NOW									
	3. [	NAME OF DECEASED		First	M	iddle	lo	st	4. DATE	N	lan th	Day	, Y	ear	
		Type or print)	JOH	IN	R		FOOT	E	DEATH	FEBR	UARY	16	1	960	
	5. 5	EX	6 COLOR OR RACI	7 MARRI	ED NEVER M	ARRIED	8. DATE OF BIRT	Н		9. AGE (In year	ITS IF JNDER	1 YEAR Doys			
		MALE	WHITE	WIDOWED	DIVO	ORCED 🔲	MARCH I	2, 18	92		rs. months	Doys	Hours	Min,	
	10a	USUAL OCCUPATION during most of working	N (Give kind of wor	k done 10b, K	IND OF BUSINE	SS OR IND	USTRY 11. BIRTHP	LACE (State	or foreign o	oquatry)	12. CIT	IZEN OF	WHATC	OUNTRY?	
		COAL MI	•	,			LON	ACONI	NG, M	RYLAND	U.	S.A.			
	13.	FATHER'S NAME					14 MOTHER	MAIDEN N	NAME						
1		FEL	IX FOOTE				SA	RAH W	RIGHT						
	15 EYes	WAS DECEASED EVER	IN U. S ARMED FO	d commences.			INFORMANT			A	ddress				
			, , , , , , , , , , , , , , , , , , , ,	21	4-01-3	561 N	MEMORIAL	HOSPIT	TAL.	CUMBERL	AND. M	ARYL	AND.		
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]										INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE W MONIA										LI AND	DEATH			
	DUE TO									2 . 4					
	Candilions, if ony, which) (b) Secondary to Schools &										2 week				
		gove rise to immediate couse (a), stating the under-													
		lying couse lost (c)													
7	CATON	PART II. O'THI	ER SIGNIFICANT CO	INDITIONS CO	ONTRIBUTING TO	DEATH 8	UT NOT RELATED T	O THE TERM	INAL DISEAS	SE CONDIT ON	GIVEN IN PAR	T 1(a) 15	PERFO	RMED?	
	E CA		-	I									YES	NO II	
	CERTIF	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEAT	H:	ribe how inju	RY OCCUR	RED (Enter noture	of injury in I	Port I or Po	ri il of item 18 )					
	MEDICAL	20c TIME OF INJURY	Month, Doy, 1		JURY OCCURRE		PLACE OF INJURY			y or fown)	(	County)		(State)	
	MED	Hour o, m. While Not while foclory, street, office bldg., etc.)													
		21 I certify that (1) (this haspital) attended the deceased from. Feb. 4. 1960, ta Feb. 16., 1960, that (1) (we) last													
		saw the deceased alive an Feb 16 19 60, and that death accurred at 3:4%. About the causes and an the date stated above													
		220 SIGNATURE () 22b. DA													
ī	Hand H Mully M.D. PHYS DIRECTOR DIRECTOR PHYS												SIGNED		
1		22c. PHYSICIAN'S NAME (Type)	DR. D. H.	MILLE	R.		22d. ADDI	ESS							
	220	BURIAL CREMATION				CEMETERY	OR CREMATORY		234 1004	TION (City, tow	n or county)		(51ah	-1	
	B	urial Specify)		50			Cemetry		-	aconin		Md.	,	7	
	24.	FUNERAL DIRECTOR'S			ADDRESS			250 REC_	D BY REGIS		GISTRAR'S SI				
		George E	ichhorn	Lo	naconi	ng,	Md.	DATE	EB 1 9	'60	arthur 2	8. The	LEAL		



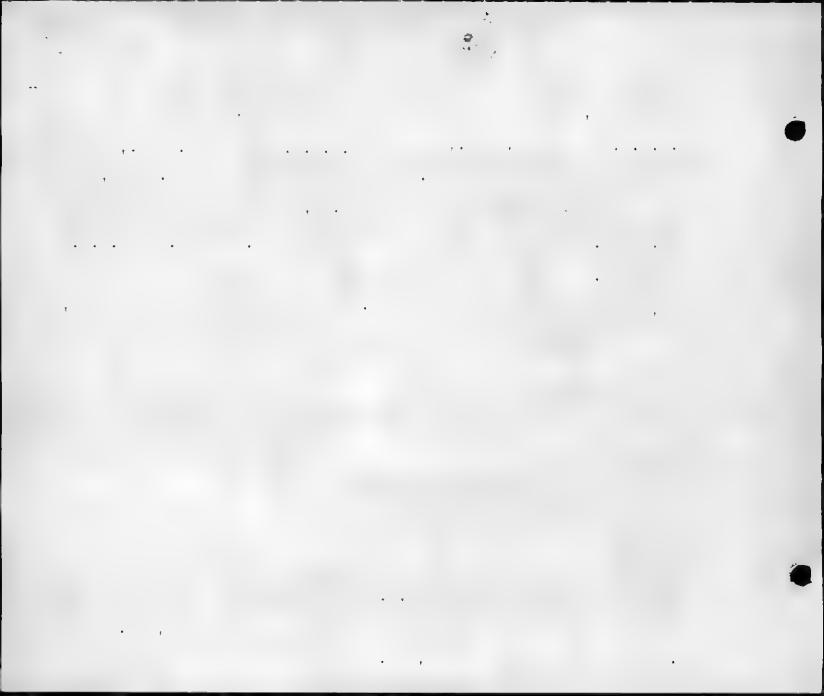


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by filled in by the funeral dim		Cla
9	irs ofter death.	
he attending physician and comple hen please remore carbon papers	within 72 hour	)
the attending p	ar removal, and in any even within 72 haur	
an signed by nsit permit.	ar removal, c	

1386 CERTIFICATE OF DEATH								
1. PLACE OF DEATH a. COUNTY ALLEGANY  MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  CUMBERLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)  CUMBERLAND  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fawn)								
d. NAME OF HOSPITAL (If not in hospitol, gWARW ICKs) MEMORIAL  OR INSTITUTION MEMORIAL HOSPITAL AVES.  OR INSTITUTION VES   NO A FARM?  YES   NO X								
3 NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  A. DATE OF DECEASED (Type or print)  A. DATE OF DEATH FEBRUARY TO THE OF DEATH OF DEAT								
S SEX FEMALE    6 COLOR OR RACE   7- MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   73   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   73   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   73   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   73   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   73   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 24 HRS   1886   74   9 AGE (In years if UNDER 24 HRS   1886								
10a. USUAL OCCUPATION (Give kind of work done of the february of the life, even if returned)  Own Home  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  PENNSYLVANIA  12 CITIZEN OF WHAT COUNTRY  U. S. A.								
13 FATHER'S NAME JOHN NORRIS  14 MOTHER'S MAIDEN NAME BELLE' L RUBY								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. INFORMANT Address NO. ] [If yes, give wor or dutes of service] NO.NE NO.NE NO.NE NO.NE NO.NE NO.NE NO.NE								
1B. CAUSE OF DEATH [Enfor only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)  IMMEDIATE CAUSE (c)								
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  OUE TO  (b)  DUE TO  (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED?  PERFORMED?  YES   NO III  OR CONTRIBUTING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m.  p. m.  19  20d. INJURY OCCURRED While at wark at								
21 I certify that (I) (this hospital) attended the deceased from 1960, that (I) (we) last saw the deceased alive on 1960, and that death occurred ob. 57M, from the causes and on the date stated above.								
220. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D								
22c PHYSICIAN'S NAME (Type) DR. LEO H. LEY  22d ADDRESS  Cumberland Sud.								
23d. BURIAL, CREMATION, REMOVAL (Specify) Burial Feb. 20, 1960 Fairview Christian Cem. Nr. Artemas. Penna.								
24 FUNERAL DIRECTOR'S SIGNATURE  H. Wayne George Cumberland, Md.  25d. REC'D BY REGISTRAR'S SIGNATURE  DATEFEB 2 3 '60  C. iling S. Hama								





W.

death. Page 4

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 1389

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1 PLACE OF DEATH a. COUNTY ALL	A LLEGANY MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE  MARYLAND  ALLEGANY							
b. CITY OR TOWN (II RURAL and give no CUMBE!	f outside corporate limi prest town) RLAND	its, write	c. LENGTH OF STA			OWN (IF OU		rote limits, writ dtown	e RURAL o	nd give nea	irest town	)	
d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	AMEMORTAL' F & WARWICK A	VES.	rat"		d STREET A	DDRESS					e. IS RESI ON A YES 🔀	DENCE FARM? NO	
3. NAME OF DECEASED (Type or print)	Fic LA	st VINA	Midd	le	GROS		4. DATE OF DEATH	FEBRUA	North RY	22		rear 9 60	
FEMALE,	6. COLOR OR RACE WHITE	7. MARR	3.4	- 1	8. DATE OF BIRTH	- 1	1873	9. AGE (in yet lost in phdo	y) Mont	hs Days	Hours	R 24 HRS Min.	
Housewi	ang life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	MAF	RYLAND	01d	town	12	U.S	WHAT C	DUNTRY?	
13. FATHER'S NAME	HN TWIGG				14. MOTHER'S		_						
1S. WAS DECEASED EVE {Yes, no, or unknown}	R IN U. S. ARMED FOR (If yes, give wer or dates of s	ervice)	none	O. 17, W	MEMORIAL HOSPITAL, CUMBERLAND, MD.								
Conditions, if ony, which gave rise to immediate cause (a), storing the under-									DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 APR 1 (6) 19 APR 1 (7) APR 1 (7) APR 1 (7) APR 1 (8) APR 1 (9) A										/ERFO	NO 7		
OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour o. m.	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER  Y Month, Doy, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (I	Home, form,	,	ar town)		(County)		(State)	
21 1 certify that (1) (this hospital) attended the deceased from 2 1 2 196 2, that (saw the deceased alive on 2 2 2 196 , and that death accurred 9627 AM from the causes and on the date state of the s								stated 22b					
230 BLR AL, CREMATIO REMOVAL (Specify) Burial	2/24/60	OF .	Oldtown		(/	V	Oldt	own, A	lleg	* 9	(Store	) "	
John J.	Hafer, Cu	umber	land, Mai	rylar	nd		B 26			S SIGNATUI			

01394

**CERTIFICATE OF DEATH** 1389

Reg. Dist. No.

	Ma. N	Z.Y.Y.								
. COUNTY		MARTINE .	o. STATE							ion)
		e LENGTH OF STAY IN 16	-	-	and the second	nte limits write i				n)
RURAL and give neon		-1 -1	112			Jio 11111113, 41110 1	CONTROLL	Arra man		.,
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OR INSTITUTION			/ .		13				ON A	FARM?
			11 14 1911	<u>crad</u>					TES [_	NO M
DECEASED	_	Middle			OF			_	′	Yeor
		d'el	Υ							19 60
_			9- 9-			lost birthdoy)	Months	Days	Hours	Min.
. USUAL OCCUPATION	(Give kind of work done )	06 KIND OF BUSINESS OR INC	USTRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12 CIT	IZEN OF	WHATC	OUNTRY
		reld	Ma	rvlan	ıd			TI.	S.A.	
	10 1	2	2 500						- 4114	
Fredorial	16 Hemm	las	Large	a. 7	BA	wers				
		16. SQCIAL SECURITY NO.	INFORMANT	4 / 2	1 1	A Add	Icara		1 10	0
hoor onknown) (If	yea, give war or dates of service)	your.	Socreel	Klea	2 14	cop (	Less	26.	13	X
	•	r line for (o), (b), and (c).]								
PART I. DEATH	I WAS CAUSED 8Y: MMEDIATE CAUSE (o)	acute Bula	eccur	Edu	-				14h	43-
434.	DUE TO									
Conditions, if any	, which ) (b)	men venx dia	Taile	u					30	Pay 5
	mediote (	7								
lying couse lost.	(c)									
PART II OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH B	JT NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	RT 1(o) 1	9. WAS	AUTOPSY
	RT. win	Odle and los	le le	0	2110					NO 🗾
OR CONTRIBUTING [	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of							
<u> </u>		20-	miles of himsey a	11 5	Par in:			alle		100 4
Hour o.m.	wi	nile Not while	factory, street, affice	bldg., etc.	.) 201. (City	or town)	(	County)		(State)
		<u> </u>	2			2				
					1					
alive on	<u>Z-/Z</u> , 1	9. <u>Co.O</u> ., and that dea	th occurred at					e date		
ACTUAL	0	2			ADDRESS (S)	eel, city or town	, slote)			E SIGNE
SIGNATURE	Dallean (	Janes	_M.D	1.561	4 Care	X 6-4 57			2-1	840
PHYSICIAN'S NAME (Type)	William	PIUMES		Cun	beell	end s k	s.C			
	226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d JQCAT	ION (City, lown,	gr county)		1 (Stgt	iq)
REMOVAL (Specify)	2/22/60	12 Luk	1. 1	PL 3	('u	mberk	and.		12/8	
	1									
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	1 a (.)	24a. REC'I	D BY REGISTI	RAR 24b. REG	istrar's si	GNATU	RE	
	b. CITY OR TOWN (IF A RURAL and give neor Cumber Land d. NAME OF HOSPITAI OR INSTITUTION  NAME OF HOSPITAI OR INSTITUTION  SEX  Female  USUAL OCCUPATION dying most of working the control of the control	Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give meanest town) Cumberland d. NAME OF HOSPITAL (If not in hospital, give stroop or institution NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE 7  MIDDELLA OCCUPATION (Give kind of work done) during most of working life, even if retired)  FATHER'S NAME  WAS DECEASED EVER IN U. S. ARMED FORCES?  May or orthogown)  18. CAUSE OF DEATH [Enter only one couse per part I. DEATH WAS CAUSED 89: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-living couse (o), stoting the under-living couse (o), stoting the under-living couse (o).  PART II OTHER SIGNIFICANT CONDITION  200 ACCIDENT WAS UNDERLYING [I] OR CONTRIBUTING [I] OR CONTRIBUTING [I] OR CONTRIBUTING [I] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201 I certify that I attended the decent accordance of the couse (o).  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  CRURIAL, CREMATION, 22b. DATE THEREOF	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumber I and  I hrs.  OR INSTITUTION  Lacred Heart Yosy Ital  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Lacred Heart Yosy Ital  NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  Lacred Heart Yosy Ital  NAME OF DECLASED  (If year of the wild of work done of the property of	Allegany  b. CITY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 1b   C. CITY OR T RURAL and give means town)   Cumberl and   Climberl a	Allerany  b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if or RURAL and give meerest lown)  Cumber!  d. NAME OF HOSPITAL (if not in hospitol, give street address)  OR INSTITUTION  NAME OF HOSPITAL (if not in hospitol, give street address)  OR INSTITUTION  NAME OF DECEASED  I auta  SEX  6. COLOR OR RACE   Middle   Lost    Himmler  SEX  6. COLOR OR RACE   MIDOWED   DIVORCED   9   1  SUJAL OCCUPATION (give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote dyling most of working life, when if retired)   10b KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote dyling most of working life, when if retired)   12. MIDOWED   12. MINOTHER'S MAIDEN RETURN (in the property of the	D. CITY OR TOWN (If outside carporote limits, write RURAL and give meanest form)  D. CITY OR TOWN (If outside carporote limits, write RURAL and give meanest form)  Cumberland  d. NAME OF HOSPITAL (If not in hospital, give street address)  JACTED HOST VALIDITION  JACTED HOST VALIDITION  SEX  6. COLOR OR RACE  JAMRE OF BITTLE  SEX  6. COLOR OR RACE  JAMRE OF BITTLE  WIDOWED  DIVORCED  JOURCES OF IT STILL  WIDOWED  DIVORCED  JOURCE OF HITTLE  SEX  6. COLOR OR RACE  WIDOWED  DIVORCED  JOURCE OF BITTLE  FATHER'S NAME  JAMRE OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole or foreign co drying most of working life, year or does of service)  JOURCE OF BEATH  JOURCE OF BEATH  JOURCE OF BEATH  JOURCE OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stole or foreign co drying most of working life, year or does of service)  JOURCE OF BEATH  JOURCE	b. CCUNTY  Allerany  b. CITY OR TOWN (If outside corporate limits, write 2 CLENGTH OF STAY IN 16 CLITY OR TOWN (If outside corporate limits, write 1 CLITY OR TOWN (If outside corporate limits, or Interest of Interest or Interest or Interest or Interest or Interest or Interest o	D. COLINTY A.L. ETGANY  D. CITY OR TOWN If outlide corporate limits, write a c. LENGTH OF STAY IN 16  CUMDOT! And  CHAPTER TO BE TOWN If outlide corporate limits, write a c. LENGTH OF STAY IN 16  CUMDOT! And  CHAPTER TO BE TOWN If outlide corporate limits, write RURAL and CUMBAL and give no country and co	D. CHY R TOWN (If outlide corporate limits, write c. LENGTH OF STAY IN 16 C. CHY OR TOWN (If outlide corporate limits, write RURAL and give ne RURAL and giv	5. COUNTY Alegary  5. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low RURAL and give nearest low RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low   C. 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death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, ar remayal, and in any event within 72 mours. Fire death.

ATTENDING INVICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL VS A15 (4) 15M 9/58



Cumberland,

e. IS RESIDENCE ON A FARM?

21

Days

(County)

246. REGISTRAR'S SIGNATURE

Cirtmut S. Thatle

24o, REC'D BY REGISTRAR DATE FEB 25 '60

YES NO

Year

19

Hours

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (State)

DATE SIGNED

(State)

60

FUNERAL DIRECTOR: pode 0

VS A15 (4) 15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE

Wavne George.



	$\nu$
FOR	STATE
HEALT	H DEPT.

sory, please actor. Page

-1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01396

		1/.	<u> </u>					Reg. I	Dist, No	).	
PLACE OF DEATH	lle~any	:12	# U MARYLAND	ATATE	Md.	here decept	ed lived. If imitite b. COUNT		dence be		ission)
Barton	(If outside corporate limits, will own)	e RUKAL	69 Yrs	& CITY OR X Bart		outside cor	parale limits, write	RURAL or	nd give n	eorest to	own)
d. NAME OF HOS	PITAL OR INSTITUTION (	If not in hos	pital, give street address)	d. STREET A	DORESS					ON	RESIDENCE I A FARM? NO D
3. NAME OF DECEASED (Type or print)	Oharles	st	Middle	Howell		4. DATE OF DEATH	Ment Feb.	h	00y 27		Yeor 1960
s. sex Male	White	7. MARRIE	D MEVES MARRIED D	B. DATE OF BIRTH	1890		9 AGE (In years feet birthday) 60 yrs.	IF UNDE	R TYEAR Days		Min.
ioa. USUAL OCCUPA during most of wor Miner	TION (Give kind of work king life, even if retired)		ind of Business or indus		on, M		ountry)		S.A		COUNTRY
13. FATHER'S NAME				14. MOTHER'S					· NORTH	III am	
Charle	es Howell			Mary	Ann	Egan			9.		enh v
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT			Address	٠			12/2
no	In the Bire was as agress or		31-10-8086	Joseph H	owell	-Bart	on. Md.	3"			
Conditions, if gove rise to imm (a), stating the course lest.	underlying DUE 10	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIV	/EN IN PA	1.1	PERFO	DRMED?
PART II, C	ONTRIBUTING 🗀 📗	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of in	ury in Fort	I or Port II	of item 16)			YES [	№ ₩_
20c. TIME OF IN.	n .	White		ACE OF INJURY (H	iome, form, bldg., etc.)	20f. (City	or fown)	(Co	ounty)		(State)
			emoins described ab auses <b>X</b> ; Accident			, ∏, lı lomicide			manne	er 🔲	id in my
SIGNATURE &	NO MI	LA	nl	W.D		AMINER []	R []			DATES	SIGNED
EXAMINER'S NAME (Type)	W. O. McLane	, M. n		Test DEPUTY	MEDICAL E	XAMINER \$	<u> </u>	Feb. 2	27.19	260	
270. BURIAL, CREMAI REMOVAL (Speci EUTI 81	70N. 276. DATE THEREO	)F	22c NAME OF CEMETERY O St. Gabriel				ton MA	or county)		(Stote	a)
23 FUNERAL PIRECT	DR'S SIGNATURE		ADDRESS		24a. REC'D	BY REGIST	RAR 246, REGT			_	
SV.	1300	1	Westernmort.	ारते	DATE NA	R 1 '	60   a	athun S	. That	44	

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is report, please execute the certificate, writing the ward "pending" in pendi lie llem, 18. Give Pages 1, 2, and 3 to the funeral scalar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours ofter death. V5 A15ME 5M 2/57

1





## DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

	12	ad CERTIF	ICATE	OF DEATH	1			
1. PLACE OF DEATH a. COUNTY	2.0	36		USUAL RESIDENCE (W	here deceased		Residence befo	re admission)
ALLEGAN'	1	MARY	LAND	MARYLAND		b. COUNTY	ALLEGA	NY
b. CITY OR TOWN (If outside RURAL and give negrest to		c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpor	ote limits, write RURA	L and give new	prest tawn)
CUMBERLANI		45 MINUTE	S	CUMBERLA	ND			
d NAME OF HOSPITAL (U.S.) OR INST TUTION MEI MEMORIAL & \	HORTAL HOS	PITAL" ES.	. 4	d STREET ADDRESS  29 OAK	STREET			ON A FARM?
3. NAME OF DECEASED (Type or print)	First JOHN	Middle		HULL	4. DATE OF DEATH	Manth FEBRUAL	RY 22	
S SEX 6. CO	SHALL TO 1	ARRIED NEVER MARRIE	_ A	PRIL 15, I	878		Onths Doys	1F UNDER 24 HI Hours Min
10a. USUAL OCCUPATION (Give during most of working life, Retired Engin	even if retired)	оь. кімо оғ визімеss о Railroad	R INDUSTRY			MARYLAND	12. CITIZEN O	F WHAT COUNTR
13 FATHER'S NAME			1.	MOTHER'S MAIDEN	NAME ]	Hancock 1	id.	
Otho #OTH	TULL			#MAR#HA	#100	Anna Hou	uck	
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY NO	. 17, INFOR	IMANT		Address		
No		705-07-66	48 ME	MORIAL HOS	PITAL,	CUMBE	RLAND, M	D
18. CAUSE OF DEATH [En		rijne for (o), (b), ond (c)	whi	intop 26	a la le.	Long		ERVAL BETWEEN
Conditions, if ony, whi gove rise to immedia cause (o), stoling the und lying couse fast.	ch (b)	hrom	Jin 26	liros	lia 1	Lee xxa	×+ ·	270
PART IF OTHER SIGNATURE OF CONTRIBUTING CAL	VIFICANT CONDITION	AS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERA	MINAL DISEASI	CONDITION GIVEN	IN PART 1(o)	PERFORMED?  YES NO
	RLYING   206. E	DESCRIBE HOW INJURY O	CCURRED. (E	nter nature of injury in	Port I or Port	II of item 18.)		
20c. TIME OF INJURY Mon Hour o. m. p. m.	WI WI	H INJURY OCCURRED THE Not while Work Of work		OF INJURY (Home, far , street, office bldg., e		or lown)	(Caunty)	(Sto
21 I certify that (I) (I	his haspital) atte	ended the deceased	fram	17/59.1	9, ta_ć	2/22/60	; 19, th	nat (I) (we) to
saw the deceased all	ve an 2/22	19 , and	that deat	h accurret 2030	. PM fram	the causes and	an the date	stated abov
720 SIGNATURE	Willer	und-	- M D.	ATTENDING PHYS.	MED DIRECTOR [	STAFF PHYS	5	226 DATE SIGN
22C-PHYS CIANS NAME (Type)	R. J. WILL	IAMS		22d. ADDRESS	142.	12 mil	12401	//、

23c NAME OF CEMETERY OR CREMATORY

Hillcrest Burial

ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon the State Board of Health prior to burial, cremotian, or removal, and in any event, within 72 has by the hospital or attending physicion.

the funeral director, shauld be filed with

in by the fune and 2 shauld k

camp

any event, within 72 hours

death. Page

VR A1S (4) 15M 9/59

REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR'S SIGNATURE
James F. Scarpelli Cumber land, Md.

23b DATE THEREOF

2-25-60

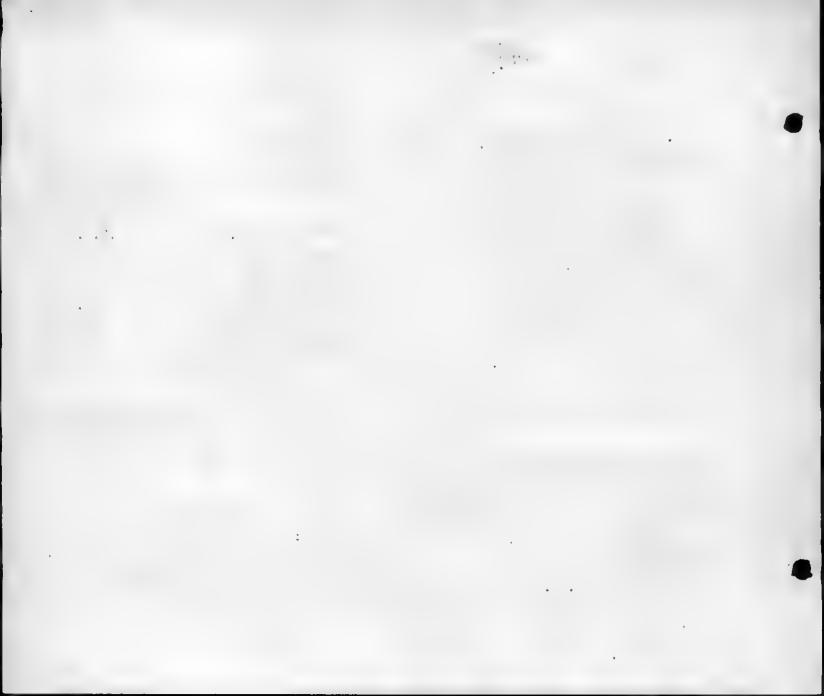
23a. BURIAL, CREMATION

Cumberland, Park 2So. REC'D BY REGISTRAR DATE FEB 2 6 '60

Maryland 25b. REGISTRAR'S SIGNATURE arthur & Kraue

23d. LOCATION (City, tawn, ar county)

(Stote)





V\$ A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1393 CERTIFICATE OF DEATH

01400

-				-					Keg. Disi	. 140.	
1	o. COUNTY Allegar	у		MARYLAND	2. USUAL RESI	rylar	ere deceased	lived. If institute b. COUNTY	an Residence	e before o	dmission)
	b. CITY OR TOWN ( RURAL and give n Cumberl	If outside corporate limi earest lown) . and	is, write	c LENGTH OF STAY IN 16	c. CITY OR	-		ote limits, write 5			lown)
	OR INSTITUTION	rial Hospital			/ d. STREET	New F	low				S RESIDENCE ON A FARM? ES NO 22
3.	NAME OF DECEASED (Type or print)	Marvi		Middle	Iohns on	st	4. DATE OF DEATH	Feb.	7	Day	Yeor 19 60
5.	sex Male			IED NEVER MARRIED 🔼	B. DATE OF BIRT	0/189	3 5	P. AGE (In years last birthday) O yrs.			UNDER 24 HRS aurs Min
100 F	during most of worlet - Off - 1	ON (Give kind of work in king life, even if retired DEATET	done 10b	KIND OF BUSINESS OR INDI	t. Gre	at Ca	ar foreign cau	wnly) 1, W,Va		S.A	VHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
	Lee J	ohnson			An:	n Joh	nson				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CE\$? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
		(1) (4), (2) 4 10 0 0 0 0 0 0	21	7-03-1112	Memoria	al Ho	spita	1			
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ye far (a). (b), and (c).]  Nyocorde	rl B	egas	eati	in		ONSET	AL BETWEEN AND DEATH
7	Conditions, if a gave rise to i cause (a), stating tying cause last.	mmediale DUE TO	)								
CERTIFICATION	Conges	Here H	end	CONTRIBUTING TO DEATH BU	- · Fi	imo	non	Cys	1.	P	VAS AUTOPSY PERFORMED?
L CERTIF	20g. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	if injury in P	art tor Part	tt of item/18.)			
MEDICAL	20c. TIME OF INJUS Hour a.m. p. m.	Y Manih, Doy, Yee	While	NJURY OCCURRED 20e. P Nat while at work	LACE OF INJURY ( scrory, street, affic	Hame, farm, e bldg., etc.	20f. [City o	ar tawn)	(Co	ounty)	(State)
	21. I certify th	at I attended the			1960		77				the deceased
	alive an		, 19	and that deat	n accurred at	3:50F	M, fram	the causes o	and on the	e date :	stated above
	ACTUAL SIGNATURE	Leo V.	X	Ey W	, M.D. ,	4	ADDRESS [Sire	COLUT	re St.		DATE SIGNED
	PHYSICIAN'S NAME (Type)		Lev	/	T A CO BET AN Electric rate and	Ou	unker	land	Sno		/
220	REMOYAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY				ON (City, town,	or county)		(State)
-	Burial	2-9-60		M.E.Cemete	ry		Mt.	Savago	∍,		Md.
1	FUNERAL DIRECTOR		-	ADDRESS			BY REGISTR		STRAR'S SIGN	NATURE	
1	Joseph R	. Durst,	Fro	stburg, Md.		DATE	B 1 2 '6	0	M S.	Thomas	



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HO	F	pod	he	
TO HOSPITAL MITENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours may be retained by the haspital or attending physician.	7			
TO HOSPITAL MITENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours of may be retained by the hospital or attending physician.	A15	5 (4 0/5	7	

			r	VIPAKTI	139	GERT	IFIC/	ATE OI	DEATH		IIMOKE,			01	140
												Reg. Dis			
	1.	PLACE OF DEATH O COUNTY	A116	egany		MAR	YLAND	o. STATI	Mary L		d lived If institute  b. COUNTY		e before .ega:		ion)
		b. CITY OR TOWN	(If outside co		ls, write	c. LENGTH OF STAT			OR TOWN (If or	utside corpo	role limits, write R				)
		Cumber				52 y.r	S.	22	Cumbe	rland	L				
		OR INSTITUTION	35 Fi			address)		d. STRE	35 Fi	fth S	Street				FARM?
		NAME OF DECEASED		Fin	st	Middle			Lost	4. DATE	Mor		Day		(eor
	_	(Type or print)	1	Sad		Catherin		Kerns		DEATH	Fe		12		960
	Ι.	SEX			VIDOW	RIED NEVER MARR		B. DATE OF		000	9. AGE (In years last birthdoy)	Months		Hours	R 24 HRS. Min.
		<u>L'ema Le</u>	Whit ION (Give ku			KIND OF BUSINESS		APP1	L 26, L		59 yrs	112 CITI	ZENI OF	WHAT	COUNTR
-		Vever En	irking life, eve	m it retired		None					W. Va.		SA	*******	COOITE
	13.	FATHER'S NAME						14 MOTH	ER'S MAIDEN N	AME					
/			ohn Ke						Mary A	nn Re	eynolds				
	15.  Yes	WAS DECEASED EV	'ER IN U. S. A			SOCIAL SECURITY NO	D. 17 I	NFORMANT			Add	ress			
		no				none		iss A	<u>llen V</u>	. Ker	ns,Cum	berla	nd,	Md	9
						ne for (o), (b), and (c)	-						INTER	VAL BET	WEEN
		PART I, DE	ATH WAS CA	LUSED BY: E CAUSE (o	)	-112	re-	ne					-	3 L	2-16
		/7. ×	nav which	DUE TO		Caran	100	essi	a L	2 p	& Brein	asy	-	7 4	120
		gove rise to	immediate											- /	
		Couse (a), stating lying couse last	the <u>under-</u>	(c)											
>	CERTIFICATION	PART H. O	THER SIGNIFI			CONTRIBUTING TO DE	ATH BUT	NOT RELATE	O TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED?
		20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLY G CAUSE Y MEDICAL E	ING DEATH OF DEATH XAMINER)	20b. DES	CRIBE HOW INJURY (	CCURRE	D. (Enter note	re of injury in P	ort I or Parl	t II of item 18.)				
	MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	RY Month,	Doy, Yes	While of wor	NJURY OCCURRED Not while th of work	20e. Pt.	ACE OF INJU	RY (Home, form, office bldg., etc.)	20f. (City	or lown]	(C	ounty)		(State)
		21. I certify t	hat I atter	nded the	deceas	ed fram	id;	Z . 19.0	(O, 10	Frest.	12, 196	Cthat I I	ast sav	v the	decease
		alive on	Fit.	_Z	_, 19				ot 6:30	_M, fron	n the causes o	and an th	e date	state	ed abov
1		ACTUAL SIGNATURE	El	dy	12.	Lur	rez	M.D.		-	leet, city or town.		eb.		196
		PHYSICIAN'S NAME (Type) I	or. Cl	Lay D	urre	ett, MD			Cumber.	land	Md.				
	220	BURIAL, CREMATI				22c. NAME OF CEM				22d. LOCAT	TION (City, town,	or county)		(State	:)
		Burial	re		196	O St. Man	cy Is	Ceme	tery	Cum	berland	Md.			
	23.	FUNERAL DIRECTO				ADDRESS			24a. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE		
		James F	Scar	rpell	Li.C	umberland	i. N	ld.	DATEB	1 6 '60	C. 14	un S. A.	rates		



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DIRECTOR:

TO FUNERAL

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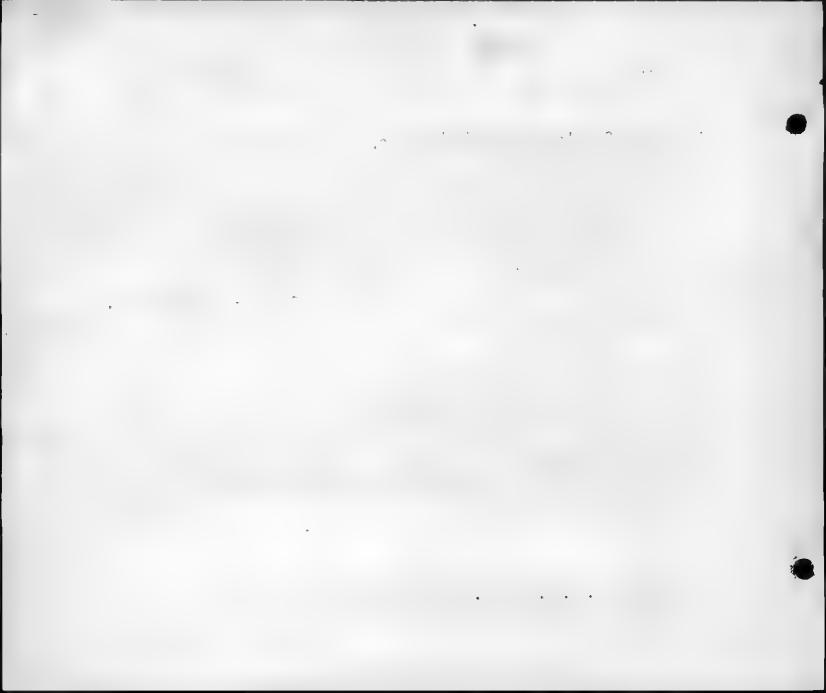
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## MARYLAND STATE DEPARTMENT OF HEALTH

6		DIAIR	130	3.6	CERTIFICA		DEATH		MAKILAND			O at	300
	PLACE OF DEATH	LEGANY	a. 0	70	MARYLAND	2. USUAI o. STA	RESIDENCE (WI		ed lived. If ins b. COL		Residence be		ission)
	b. CITY OR TOWN (II RURAL and give ne CUMBE	f outside corporate fimi arest town) RLAND	ls, write	c. LENG	TH OF STAY IN 16	c. CIT	OR TOWN (IF		porate limits w	rite RUR	AL ond give i	nearest to	wn)
		MEMORTAL F	IOSPI AVEN	TA'E"		,d. STI	ROUTE	#4,	North	Br	anch	ON	A FARM?
3.	NAME OF DECEASED (Type or print)	JOH!		H	Middle LDERMAN		Lost KREADY	4. DATE OF DEATI		Month FEBR	RUARY	2,	Year 19 60
\$.	MALE	6 COLOR OR RACE WHITE	7 MARE		EVER MARRIED	B DATE OF		1895	9, AGE (in y last birtho		Months Day	+	
R	during mast of wark	ON (Give kind of work ing life, even if refired Conductor	}	KIND OF	_		·	ster,			12 CITIZEN	S. A	
		EADY						DERMAI	N				
		R IN U.S. ARMED FOR Iff yes give wor or dates of s		SOCIALS	ECURITY NO. 17	MEMOR	IAL HOSE	PITAL	- CUMBI	Addres ERLA			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	/ /	12		Many	ù					NSET AN	
	Conditions, (f all gove rise to it cause (a), stating	DUE TO ny, which ) (b mmediate (		n.S	Q.	Wellow 1	Perolie	Card	les Vand	e K	Karo_		0,
CATION	lying couse last.  PART II OTH	) (c	DITIONS (	CONTRIBL	HEL LOHO	T NOT RELA	TED TO THE TERM	AINAL DISEA	ASE COND TIO	G VEN	N PART 1(o	) 19 WA PER YES	FORMED?
L CERTIFI		S UNDERLYING COURSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY OCCURR	ED. (Enter no	iture of injury in	Port 1 or Pr	art II of item 1	3 }			

20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year

Hour a.m. Not while of work of work

factory, street, office bldg., etc.)

(County)

SIGNED

(State)

01/03

1966, that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram O and that death accurred at 9:25A 6Mm the causes and an the date stated above saw the deceased alive an 22b, DATE 22a SIGNATU

MD.

22- PHYSICIAN'S NAME (Type)

MED DIRECTOR ATTENDING

25a. REC'D BY REGISTRAR

DATE FEB 8

133 VIRGINIA AVE., CUMBERLAND, MD.

STAFF PHYS

23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Burial (Specify) Davis Memorial Burial Park Feb. 5. 1960

G. O. HIMMELWRIGHT

23d LOCATION (City, tawn, ar county) Cumberland.

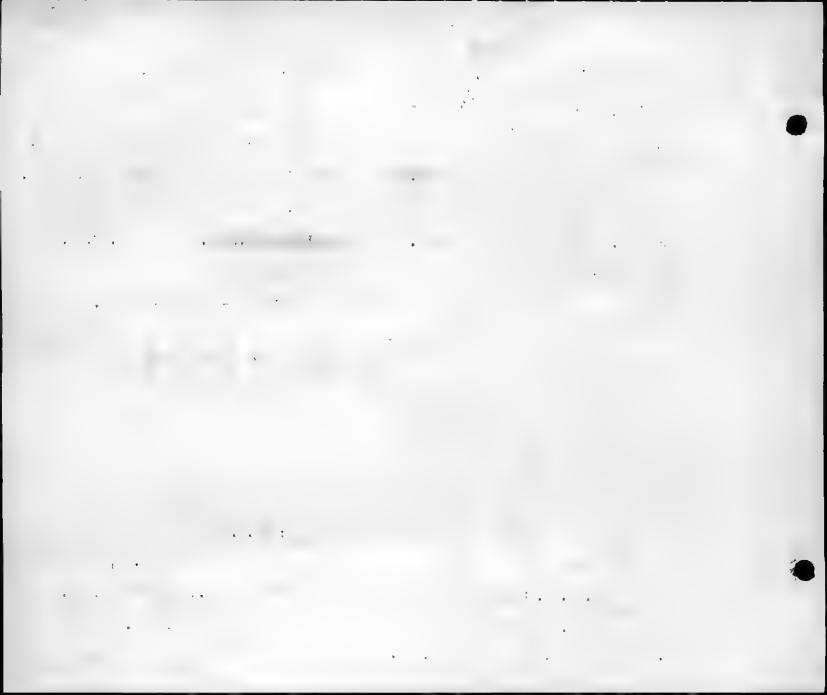
> 25b. REGISTRAR'S SIGNATURE Curling & Thous

Feb. 4. 1960

24, FUNERAL DIRECTOR'S SIGNATURE H. Wayne George,

ADDRESS Cumberland, Md.

VR A1S (4) 15M 9/59



01404

1447 **CERTIFICATE OF DEATH** 

Rea. Dist. No.

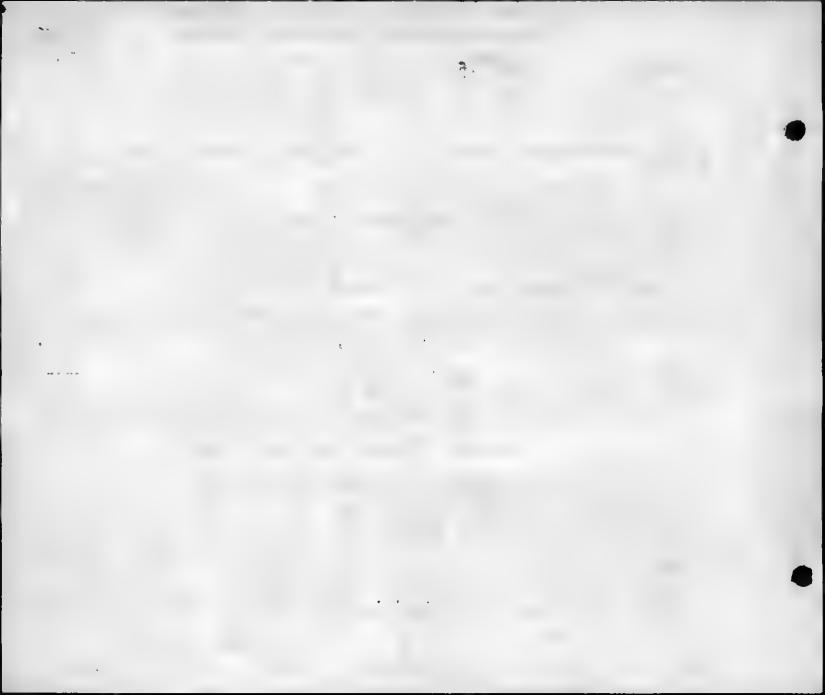
									111 1401			
1 PLACE OF DEATH a. COUNTY	la manara		MAR	YLAND	2. USUAL RESIDENCE (W		d lived. If instituti b. COUNTY					
	OSANY  (If putside carparate limit	ite write	c LENGTH OF STAY		c. CITY OR TOWN (IF		nata lumita maita P		egany			
RURAL and give	nearest tawn)	110, 47(1)6					rule limits, write h	OKAL ONG §	Jive neuron	14411		
Zihln	1.8.17. PITAL (If not in haspital, s		Lifeti	me	X Zihlman					DECLOSE ICE		
OR INSTITUTION	Α		· ·	_	d. STREET ADDRESS				0	RESIDENCE		
	Residence	0,41	hlman, M	d.	NA				YE	S NO A		
3. NAME OF DECEASED	Fir	rst	Middle	e	Last	4. DATE OF	Mar	ith	Day	Year		
(Type or print)	Melvin				Lashbaugh	DEATH	Febr	uary	19	19 60		
5 SEX	6. COLOR OR RACE	7- MARE	IED NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Manths		UNDER 24 HR		
Male	White	WIDOW	DIVORCE	ED 🔲	June 25, 1	906	53 yrs.	MORTHS	Doys Ho	ours Min		
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	dane 10b	KIND OF BUSINESS	OR INDUS	TRY , 11. BIRTHPLACE (State	ar fareign c	auntry)	12 CITI	ZEN OF WH	IAT COUNTRY		
Brick Wo			efractor:	ies	Marylan	ď		11:	SA			
13. FATHER'S NAME	2 210 2	1,20	02200001	200	14. MOTHER'S MAIDEN							
Millian	Lashbaugi	h			Christi	na Sh	o amalza					
15 WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. II	IFORMANT	110 111	Add	ress				
(Yes, no or unknows)	(If yes, give war or dates of s	ervice)			Mana Dashla	187 - 7 3	m Tamble		F7 4 1. 7			
Yes	WW II		20-10-21		Mrs. Ruth	Matke	r Lasho	ម្នាស់ប		LINAN.		
	EATH [Enter only one co				1-4.	2 11	I= 0			AND DEATH		
1200	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1)	Acyte	circ	ulatory	Tail	ure		-			
4 20	. / DUE TO			,		1.			7			
	Conditions, if any, which gave rise to immediate (b) Ventricular Fibrillation Immedia											
couse (a), statir		>	-		141	,	Α		1,			
lying cause .as					Atherosc					KHOWN		
PART II C		_		EATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PAR	F1(a) 19. W	VAS AUTOPSY ERFORMED?		
3	Moderate	000	esity							S NO		
PART II CO	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	OCCURRE	). (Enter nature of injury in	Pari I ar Pai	t If of item 18)					
	URY Manth, Day, Ye	ar 20d. 1	NJURY OCCURRED	20e. PL/	CE OF INJURY (Hame, fare	m, 20f. (Cit	y Or town)	(0	County)	(State		
Haur a. n	1.	While	k □ of work □	foc	tary, street, affice bldg., et	c.)	•		**			
				1. 1.	<i>a</i> . / 6	_i						
	that I attended the			<i>P</i>	9 , 1960, ta		, 19	that I la	st saw th	ie decease		
alive an/	CP 17	, 19_	$G_{-}$ , and tha	t death	accurred at 5.00 F							
ACTUAL	10-	1	W/ 000	-	10 -	ADDRESS (S	treet, city or town,	state)		DATE SIGNE		
SIGNATURE	alvin	<del>/</del>	racio	-2	MD 48 Bros	dway						
PHYSICIAN'S							f = 3 = i					
NAME (Type)			ters, M.	D	rrostou	irg, i	laryland	1				
22a BURIAL, CREMAT REMOVAL (Speci		OF.	22c. NAME OF CEA	AETERY O	CREMATORY	22d. LOCA	TION (City, town,	ar county)		(State)		
Burial		.196	D Frostb	urg	Mem. Park	Fro	stburg,		Mar	vland		
	PES SIGNATURE HOM	<u> </u>	ADDRESS		24g. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	SNATURE			
8/ 2217	CAL CANY	Ta	ros thurg	, Me	rylm d DANEEL	3 2 6 '60	and	wa A. T	COMM			
	The state of the s			- Mary								

TO HOSPITAL VS A15 (4) 15M 9/5B  $\subset$ 



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admissign .. countAllegany o. STATEMARY Land **b. COUNTY** Allegany MARYLAND b. CITY OR TOWN (If outside corporate fimils, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland Cumberland 5140 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? T4 Blackiston Ave Blackiston Ave registror pri YES TON TE NAME OF 4. DATE Middle Year DECEASED OF DEATH (Type or print) Renee 1960 Lavman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. 2 with the WIDOWED | DIVORCED I yrs. 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cumberland, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Garv Lavman Jeanette Jenkins 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Gary Layman I4 Blackiston Ave None 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Edema. Marked 6 Hrs. DUE TO Internal Hydrocephalus Canditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS be used as PERFORMED? YES K NO [ 200, EXTERNAL CAUSE WAS PRIMARY Of CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) Month, Doy, Year 20c. TIME OF INSURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc. Hour o.m. Not while at wark at work forwarded to the Chief Media 2). I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and find that death resulted from: Natural causes A Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER | ASSISTANT MEDICAL EXAMINER Benedict Skitarelic, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER TIX February 21. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 72d. LOCATION (City, tawn, or county) (Stole) REMOVAL (Specify) Sunset Burial Park Chaber Land . Ed. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS. A15ME(5) Scarpelli Cumberland . Md. archur & Krans DATE FEB 2 5 160 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cumberland, Md.

Zion Memorial Cem.

ASSISTANT MEDICAL EXAMINER

24a. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER IN

DATE

Feb. 10.

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

Cumberland, Md.

1960

(State)

VS. A15ME(S) SM 9/SS

remova

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

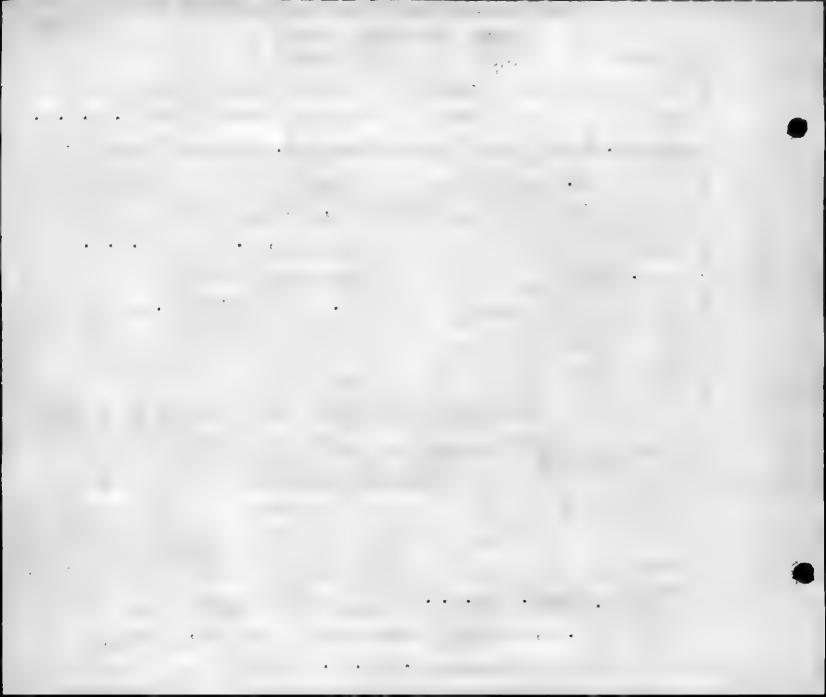
Buria.

220. BURIAL, CREMATION, 22b. DATE THEREOF

2/1960



HOSPITAL



John J. Hafer, Cumberland, Maryland

VS A1S (4) 15M 9/58

Flintstone, Maryland

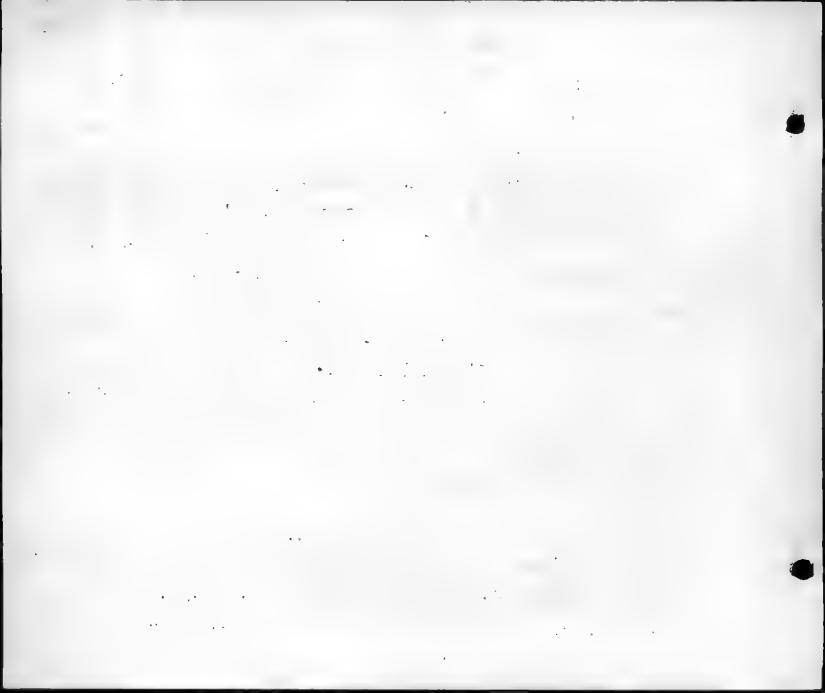
24c. REC'D BY REGISTRAR

DATE FEB 2 4 '60

24b, REGISTRAR'S SIGNATURE

01408

			4	CERTI	ICAI	L OF DEATH		Reg. Dis	t. No.	
	PLACE OF DEATH	gany		MARYL	11 3	USUAL RESIDENCE (When STATE  Maryl:		b. COUNTY Alle		admission)
ı	b. CITY OR TOWN (If RURAL and give nec	outside corporate limits,	write c.	LENGTH OF STAY II	V 1b	c CITY OR TOWN (If DA	utside corporate	limits, write RURAL and g	ive neare	st town)
		nerland AL (If not in haspital, give	e street add	9 days		d. STREET ADDRESS	stone		e.	IS RESIDENCE ON A FARM?
	Sacre	d Heart HOs	nital			Route 2			1	(ES) NO
- 1	NAME OF DECEASED (Type or print)	First	•	Middle		Losi	4. DATE OF DEATH	Month	Doy	Year 160
5. 9	SEX	• Linn 6. COLOR OR RACE		NEVER MARRIED	р П В. С	Litzenburg	9. 4		YEAR IF	UNDER 24 HRS
	Female		VIDOWER <b>X</b>			2×162×79× 9/5	5/1881	and Investigate of the control of	Doys I	Tours Min
	Housewit	N (Give kind of work doing life, even if retired)		n Home		Pennsylvar	nia B	eans Cove	S.A.	HAT COUNTRY?
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			
	JOhn Ro	bosson				Card	oline De	remer		
		IN U. S. ARMED FORCE F yes, give wor or dates of serv		CIAL SECURITY NO.	INFO	RMANT		Address		
_	no			ne	<u> </u>	PT. char	<u>t</u>			
	PART I DEAT	TH [Enter only one cous H WAS CAUSED BY- IMMEDIATE CAUSE (o) DUE TO	e per line f	ar (a), (b), and (c) ]	len	t failur	L doe	Res	ONSET 2	AND DEATH
~	gave rise to in couse (a), stating t lying cause last.	he under-	gen	unlige		tumber	ms		30	Jacy
CATION	PART 11 OTHI	ER SIGNIFICANT CONDI	TPONS <u>CON</u>	TRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMIS	NAL DISEASE CO	DINDITION GIVEN IN PART	1-7	PERFORMED?
L CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH	0b DESCRII	BE HOW INJURY OC	CURRED. (I	Enter nature of injury in P	art I or Part II o	of item 18.)		
MEDICA	20c. TIME OF INJURY Hour a. m. p. m.	Manth, Doy, Year	20d. INJU While at work	Nat while		OF INJURY (Hame, farm, y, street, office bldg., etc.		fawn) (C	ounty)	(State)
	21. I certify the	at I attended the a	leceased	from 3 -	2-	1958 ta 2	2-2/-	19 Ghat I la	st saw :	he deceased
	alive an	f this				ccurred at 5;55P	M, from the	causes and on the city or town, state)	date s	
	PHYSICIAN'S T	min Duines	M D		M.D		s <sup>1</sup> .,Cw	mb Md		
00		wis Brings.	7							
220	BURIAL, CREMATION	N, 226 DATE THEREOF	2	2c. NAME OF CEMET	ERY OR C	REMATORY	228 LOCATION	(City, town, or county)		(State)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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may be retained by the > FUNERAL DIRECTOR:

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VS A15 (4)

**1SM 9/S8** 

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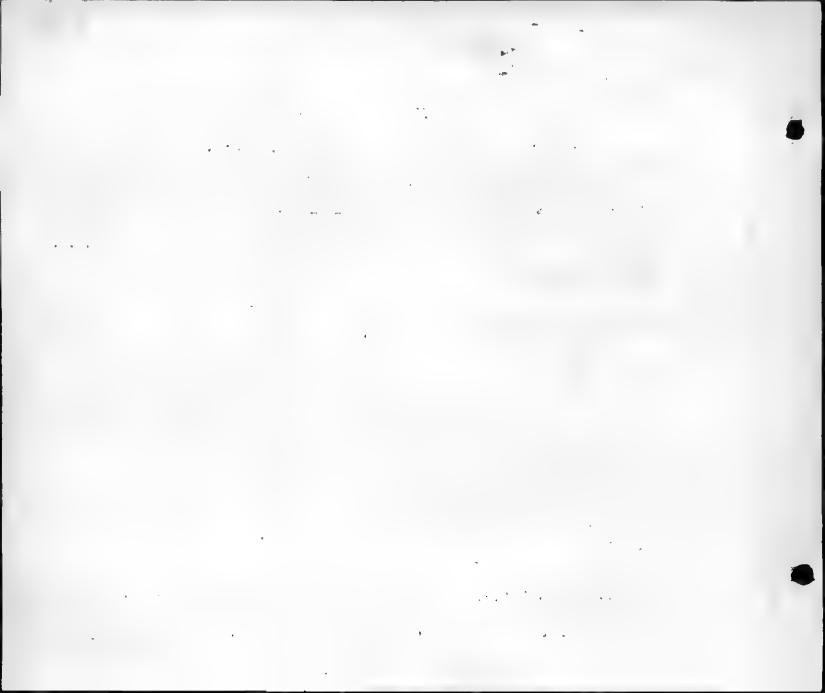
executed within

1000

S. SEX

CERTIFICATION

funeral



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours'

TO HOSPITAL

VR A1S (4) 15M 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01411

<del></del>		-	□ iii    □	- 10						
1, PLACE OF DEATH 6. COUNTY	Allegan	У	MARYLAI	- 11	usual residence (Who state Marylan	ere decease	b. COUNTY	Alle		ssion)
B. CITY OR TOWN ( RURAL and give in CUIND	(If outside corporate limits peorest town) EPLANG	, wrile	5 Years	16	c. CITY OR TOWN (IF o	mber		RAL and give of	nearest tow	vn)
OR INSTITUTION	TAL (If not in hospital, given waverly				d STREET ADDRESS  3 N. Wave	rly	Terrace		ON.	A FARM?
3. NAME OF DECEASED (Type or print)	First Sam	uel	Middle G •	_	lastrino	4. DATE OF DEATH	Februar		<sub>Doy</sub>	Yeor 19 60
s. sex Male	IWhite	7. MARRI WIDOWE	DIVORCED		ept 25 189	5	9 AGE (In years last sirthday) Out yrs.	Months Day:		
Lab (	ON (Give kind of work derking after even if retured)		& P RR.		Italy	r	country)	12 CITIZEN		COUNTRY
13. FATHER'S NAME	. 35 4 1 -			,	4. MOTHER'S MAIDEN N		léama ale			
1. Tael	e Mastrino		SOCIAL SECURITY NO	17. INFO	Carme	FTO 1	Mareck			
NO OF unknown)	(If yes, give wor or dates of ser				chard C. A	astr		***	nā,	Md.
Conditions, if a gove rise to couse (o), stating tying couse lost	ony, which (b)_	Art	eriosclerot coronary i	nsuf:	ficiency, ol				3 ye	ars
PART II. OT	HER SIGNIFICANT COND	ITIONS <u>C</u>	ONTRIBLTING TO DEATH	I BUT NO	T RELATED TO THE TERM!	NAL DIŞEA	SE CONDITION GIVE	N IN PART 1(o	PERF	AUTOPSY ORMED? NO
	AS UNDERLYING [] G [] CAUSE OF DEATH / MEDICAL EXAMINER]	POB. DESC	RIBE HOW INJURY OCCI	URRED (	inter noture of injury in F	orl I or Po	rt II of item 18)			
ZOc. TIME OF INJUI Hour a.m. p. m.	RY Month, Doy, Year 19	While	UURY OCCURRED 20 Not while of work		OF INJURY (Home, form, street, office bldg., etc.		y or town)	(Count	(צ	(Stote
	at ( <b>i) (disclessible)</b> ised alive an <b>Eeli</b> t									
22c S.GNATURE	gord A W	8-m	Jud	M.D	ATTENDING ME		STAFF	_ ~		26 DATE SIGNET
NAME (IMPE)	Wyand F. Do	perne	r, Jr., M.D	•		in Hot	tel, Cumbe	rland,	Md.	
230 BURIAL CREMATIC BURIAL Specify	ON, 236 DATE THEREOF		23c NAME OF CEMETE	RY OR C		23d LOCA	unberland	, Md.	(Ste	sie)
24. FUNERAL DIRECTOR Byron		Cum	berland, N	ıd.		D BY REGIS		TRAR'S SIGNA		

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Orthur & Kraus



TO HOSPITAL O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1403

CERTIFICATE OF DEATH	Reg. Dist. No.

o. COUNTY	Allegany	MARYLAND	II o. STATE	Maryland	b COUNTY	Allegan	·
B CITY OR TOWN ( RURAL ond give n  Cumberl		e c LENGTH OF STAY IN 16	il	TOWN (If outside com	parate limits, write RUR		
d. NAME OF HOSPI	AL (If not in hospital, give str	eet oddress)	/d. STREET /	ADDRESS			IS RESIDENCE
or institution 425 Lou	isiana Ave.	1	423	5 Louisia	na Ave.,		ON A FARM?
3. NAME OF DECEASED (Type or print)	BERTHA	Middle <b>ETHEL</b>	MA.	THEWS OF DEATH	молть Feb	. 2 <sup>Day</sup>	Yeor 19 60
s. sex Female	Dille i d o	ARRIED NEVER MARRIED DOWED 100 DIVORCED	B. DATE OF BIRT			UNDER 1 YEAR IF	UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION	ON (Give kind of work done I king life, even if retired)	06 KIND OF BUSINESS OR INDU	STRY 11. BIRTHPI	LACE (State or foreign	country)	12 CITIZEN OF	WHAT COUNTRY?
Housewi		Own home	Kin	gwood, W	. Va.	U. S	5. A.
13 FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			A -
Philli	Martin		' H	arriet R	obison		
15. WAS DECEASED EVE (You no or unknown) NO	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		nformant	n H. New	house 425	OWNER	
	ATH [Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	/ ./ /	are	mama	ox		AND DEATH
Conditions, if of gove rise to it couse (o), stating lying couse lost.	ny, which (b)			- 4	tte	The U	159
PART II COTI	valete	NS CONTRIBUTING TO DEATH BUT	nd-				WAS AUTOPSY PERFORMED? (ES NO P
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. Ithrei noiure c	or inquiry in Fort Lot Fe	orrat or stem to j		
ZOc. TIME OF INJUR Hour o, m. p. m	. WI	d. INJURY OCCURRED 20e. PL. sile Not while fai work of work	ACE OF INJURY ( clory, street, office	Home, form, 20f (C) a bldg., etc.)	ty or town]	(County)	(Stole)
21. I certify th	of Lottended the dece	eosed from 6º10.	19,59	10 2 2	7 1960	that I lost sow	the deceased
actual	1,76 . 11	and that death		3:38AM, fro		d on the dote (*)	
PHYSICIAN'S NAME (Type)	w. F. Willia	ams M.D.	Cu	mberland			
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	3/1/60	22c NAME OF CEMETERY O Hillcrest H			ATION (City, town, or a	, ,	(Stole)
23. FUNERAL DIRECTOR		ADDRESS amberland, Md		240. REC'D BY REGIS		AR'S SIGNATURE of S. Kinua	



## VS. A15ME(5) 5M 9/55

or remayol.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 140 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01413

Reg. Dist. No.

- 100													
	1. PLACE OF DEATH	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MA. b. COUNTY Alleranar										
ŀ	b. CITY OR TOWN III	Otheria chementalismo melte	PHERAL	c. LENGTH OF STAY IN				atalala assa				-0	
1	Ranza Turia	sternort	10174	1 Erv	```			te an	porate limite, write	WOWN'T BE	ra Brae u	ecrest to	wnj
ŀ			f not in hos	pital, give street address)		d. STREET A		00	31.0			la IS P	ESIDENCE
	Memioral H					R.D. 1						ON	A FARM?
	3. NAME OF DECEASED	Fin	t	Middle		Lost		4. DATE OF	Mont	h	Day	Y	eor
	(Type or print)	STANLEY	I	Robert	N	CLOU!	D	DEATH	Feb.		58	1	40
	5. SEX		7. MARRIE	D NEVER MARRIED	8.0	ATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HRS.
	linte	White	WIDOWED			v. 10,			75 yrs.	Months	Days	Hours	Min.
	during most of working	N (Give kind of work of life, even if retired)	1 .	IND OF BUSINESS OR IN	DUSTRY			- 1	**	12. CI	TIZEN Q	E WHAT	COUNTRY
	WILLISI		One	d Mine		Peter	المكادد وال	, W.V	a.	U	.S.A		
1	13. FATHER'S NAME			*	1	4. MOTHER'S	MAIDEN N	AME					
	Walter McO						Fink						
		R IN U.S. ARMED FOI It yes, give war or dates of s		SOCIAL SECURITY NO.		DRMANT			Address				
L	no				Luc	y McCl	oud-R	.D.1 1	Mesternne	ort,	Md.		
ſ		H [Enter only one cavi	e per line f	or (a), (b), and (c).]	-						INTE	YAL BETWE	EN
П	PART I. DEATI	H WAS CAUSED BY: MMEDIATE CAUSE (a)		LOBAR PN	EUM	ONIA.	RIGH	HT				-4d	
A	DUE TO												
	Canditions, if any, which) (b) PNEUMOCOCOCUS 3-4days												
1	gave rise to immedi (a), stating the w											-	
1	couse last.	(c).											
	PART II. OTHE	R SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH	BUT NO	RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	P. WAS /	LUTOPSY
	3										- 1	res K	RMED?
	PART II. OTHE	SE WAS TRIBUTING [] 206	. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r nature of in	ury in Part	) or Part II	of item 18.)				
		Month, Day, Year	20d. II	NJURY OCCURRED 200	PLACE	OF INJURY (H	ioma form	20f. (City	ne toum?	15.	unty)		154-4-3
	20c. TIME OF INJURY	19		k at work	factory	street, office	bldg., etc.)	ZVI. (GHY	Gr Town,	(CC	runiyj		{State}
ı	21. I certify the	at I taok charge	of the r	emains described	above	, held an	Autopsy	₹, In	spection X.	Inqui	ry 📑	and i	ind that
1	death resulted	from: Natural o	auses 🔀	, Accident [],	Suicio	le 🔲, He	amicide	, Ur	determined o	ouse [	].		
ı		,	-/	111,-		,							
	ACTUAL SIGNATURE	enede	<u> </u>	Skitan	les	CD. CHIEF M	EDICAL EX	AMINER 🗌				DATE S	IONED
I	EXAMINER'S					ASSISTAN	NT MEDICA	L EXAMINE	R 🔲				
	NAME (Type)	enedict	Skit	arelic, M	D.		MEDICAL E	XAMINER T	Febr	זימנני	7 28	. 1	960
2	29. BURIAL, CREMATION	, 22b. DATE THEREOF		22c. NAME OF CEMETER	Y OR CR	EMATORY		22d. LOCAT	ION (City, town,	-		(State	
	REMOVAL (Specify)	3/3/60		Laurel Hi	11			Mo	MCODE		1	(d.	
2	3. FUNERAL DIRECTORS	SIGNATURE	TAT.	ADDRESS			24a. REC'D	BY REGISTI	RAR 24b. REGIS			-	
L	CK 15	May	4 / 5	esternmort,	त्रत् .		DATE	4 '60	Chr.	lut L.	House		



a.

Pag Dist No

1405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	4400										
7. PLACE OF DEATH 0. COUNTY	Allegany		MAR	YLAND	2. USUAL RE 0. STATE		here decease	ed lived. If Institu b. COUNT		e ral	
	If avhide corporate limits, write RUR	AL c.	LENGTH OF STAY	( IN 16	c. CITY O	R TOWN (IF	outside corp	porate limits, write	RURAL and p	ive sear	est lawn)
Cumb	ërland,		7 dy	s.	Rid	geley	2			7	, A
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospital,	give street oddre	156)	d. STREET	ADDRESS				e.	IS RESIDENCE
Memori	al Hosp.				21	Potom	ac A	ve.,		Y	ES NO KT
3. NAME OF DECEASED	Färnt		Middle		Los		4. DATE OF	Month		Day	Year
(Type or print)	Margare	t	Mary		McFar	land	DEATH	Feb.		15,	19 60
5. SEX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRIE	ED 🔲 8.	DATE OF BIRT	Н		9. AGE (In years			UNDER 24 HRS.
Female	White w	DOWED 🔲	DIVORCED	D A	pr. 9	, 192	2	lost bighday)	Months De	ays Ho	ours Min.
10g. USUAL OCCUPATI	ON (Give kind of work dane	10b. KIND	OF BUSINESS OF	INDUSTR	Y 11. BIRTHPI	LACE (State	or fareign c	ountry)	12. CITIZE	N OF W	HAT COUNTRY?
dyring most of working HOUSEW1	ng life, even if retired)		home			berla			U.		A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
Harr	y R. Ravens	craft	,			Eliza	beth	Grant			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	? 16. SOCI	AL SECURITY NO	. 17. IN	FORMANT			Address	Ridg	elei	v. W. V
NO T	(If yes, give war or dates of service		ne	Mr.	Paul	F. M	icFar	land 21	Poto	mac	Ave.,
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND GEATH											
PART I, DEA	PART I, DEATH WAS CAUSED BY: Shock complicating hysterectomy 2 hrs.										
227	227 V DUE TO for Leiomyoma										
Conditions, if	ony, which ) (b)			U							
gove rise to imme	idiate ceuse										
(a), stating the	underlying (c)										
Z PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTR	BUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART	(o) 19. V	WAS AUTOPSY
ATIO										YES	ERFORMED?
20g. EXTERNAL CA	USE WAS 20h D	ESCRIBE HO	W INJURY OCCU	IRRED. (Er	ter noture of I	niury in Port	Lar Port II	of item 18.)		1 1 2	<u>,</u>
PART II. OT	INTRIBUTING		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
20c. TIME OF INJU		20d. INJU		20e. PLAC	E OF INJURY	(Home, form,	20f. (City	or town)	(Count	ly)	(Stale)
Hour o.m.		While	Not while of work	tocto	ry, street, offic	e bidg., erc.)					
	hat I taak charge af			ed abov	e held ar	Autonsy		nspection [V]	Inquiry	77 。	and find that
	from: Natural cau							-		<u>M</u> 1, 4	rid find that
	1	7.	, –								
ACTUAL SIGNATURE SELECTION M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							ATE SIGNED				
EXAMINER'S	and the Class		7 4 - 36	D		MEDICAL E		3		10	1000
	enedict Ski		NAME OF CEME					TION (City, town,	uary		1960 (Stote)
REMOVAL (Specify	A										
Burial 23. FUNERAL DIRECTO	2/18/60	H.	illcres	r BI	rrigi	Park	O BY REGIST	berland	STRAR'S SIGN		nα
	ne George C	umbe		Md					illum S. 1		
110 May	no deor de c	umbe.	rranda	mu.		DATE	B 1 8 16	0 6 %	man d. 1	PARTIE .	

TO DEPUTY VS. A15ME(5) 5M 9/55

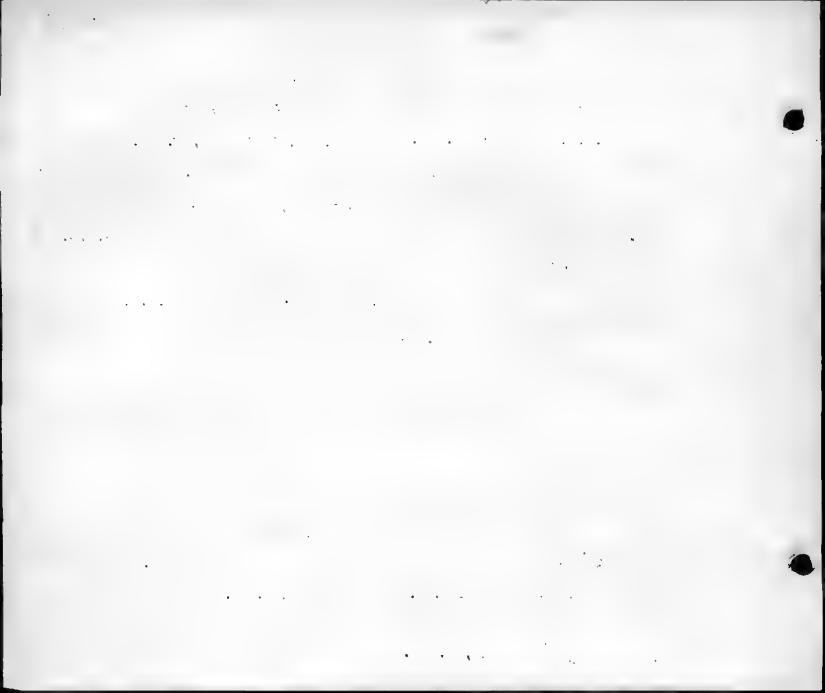
or removal.



VS A15 (4) 15M 9/58

MARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
1443	CERTIFICATE	OF DEATH	

	O CERTIFICATION	TIE OI DEFTII	•	Reg. Dist. No	3.		
1. PLACE OF DEATH  o COUNTY  Allegany	MARYLAND	2 USUAL RESIDENCE (Who a. STATE	h COU				
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Rural fic Coole	c. LENGTH OF STAY IN 1b	,	utside corporate limits, wi Coole, Mar		earest tawn)		
d. NAME OF HOSPITAL (If not in hospital), give street OR INSTITUTION  R.F.D. 3 Keyse	address)	d. STREET ADDRESS			B IS RESIDENCE ON A FARM?		
		R.F.D. 3	Keyser, W		YES NO		
3. NAME OF DECEASED (Type or print) Villiam	Middle Henry M	Vichael	4. DATE OF DEATH Feb.	Manth 9 th	19 60		
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In y		R IF UNDER 24 HRS		
Male White WIDOW	/ED 🔀 DIVORCED 🔲	March 17,	1881 78	yrs. Months Days	Haurs Min.		
Oa. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)  A iner	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State			S . A .		
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	1			
George Michael		Eva Bui	rgess				
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.  [Yes, no, or unknown] (If yes, give war or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address R.F.D. 3	Keyser 'V		
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying cause last.  PART IF OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  200 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal d sease condition	Y GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED?, YES NO		
	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in f	Port I ar Part II af item 18	; )			
Hour o. m. While		ACE OF INJURY (Hame, form clary, street, office bldg., etc.		(County	r) (State		
21. I certify that I attended the decea	sed fram.	, 19, ta	, 19	,that I last so	w the decease		
21. I certify that I attended the deceased fram							
PHYSICIAN'S Phillip G. Stage	ers. M. D.	Keyser. M	I. Va.		<u> </u>		
Provide Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11 Feb 60	2c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, No. Rawlings	own, or county)  Md	(State)		
13. FUNERAL DIRECTOR'S STONATURE KEYS	ADDRESS " er, W. Va.	24a. REC' DATE	BY REGISTRAR 24b.	REGISTRAR'S SIGNATI			



0%

ITTEMDING MEYMICIAN: TI■ law requires that the Leath certificate be executed within 24 haurs

TO MOSPITAL

VR A15 (4) 1SM 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1437 CERTIFICATE OF DEATH

Ì	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	o. COUNTY	Allegany	MARYLAND	o. STATE Mar	yland	b COUNTY	Allega	ny		
	b CITY OR TOWN (If RURAL and give ne	outside carporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RU	RAL and give ned	prest fown)		
	Frost	hura	D.O.A.	X Route	L. Frost	hurg_				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give street	oddress)	d. STREET ADDRESS	5 '			e. IS RESIDENCE		
		's Hospital						YES   NOT		
ſ	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	_	y Year		
	(Type or print)	Nettie	Fatkin	Middlet		ebruar		1960		
	S. SEX			B. DATE OF BIRTH	9		Months Days	IF UNDER 24 HRS Hours Min		
	Female	White WIDOW		Dec.10th,		72 yrs.	1 1	,		
1	during mast of work	ing life, even if retired)	. KIND OF BUSINESS OR INDU:		tote or fareign count	iry)	12. CITIZEN OF	WHAT COUNTRY?		
J	nousewi	fe 0	wn housework				USA			
	13. FATHER'S NAME			14. MOTHER'S MAIDE						
	Joseph	Fatkin		Jeanette	e Perry					
		RIN U. S. ARMED FORCES? 16		NFORMANT		Addre	11.0			
			Mr	s.Charles	Hitchir	is,Box	104,F'	bg. Md.		
Ì	1B. CAUSE OF DEA	TH [Enter only ane couse per	in-{or (a), (b) (and (c).)		1 . /)-	AS	INTI	ERVAL BETWEEN		
	PART I. DEA	TH WAS CAUSED BY:	loull la	edice	Yellal	a lears		3 Km		
	443x DUETO //									
1	Conditions, if a	ry, which ) (b)	typerte.	nsion			16	sears		
ı	gove rise to in									
	lying couse lost.	(c)	/							
-	PART IS OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	9 WAS ALTOPSY PERFORMED?		
	PART IS OTH							YES NO		
	20a, ACCIDENT WA	S UNDERLYING [] 20b. DE [] CAUSE OF DEATH MEDICAL EXAMINER]	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II	of item 1B)		/ \		
	U (IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	20c. TIME OF INJUR		In.	ACE OF INJURY (Home, tory, street, office bldg.,		town)	(County)	(State)		
-	Hour a.m.	19 While	ork of work	orany, arrows, arrived drags,	1	^				
	21 I certify tha	t (I) (this haspital) atten	ded the deceased fram	1950	12 ,.to . f.	ek I	7. 1960 th	nat (I) (we) last		
-1	saw the deceas	7-0//		death accurred and		e causes and	an the date	stated abave		
	220 SIGNATURE	Anna	> 46				<b>~</b> ?	22b DATE		
,	1	UMCLA	ne Mit	PHYS	MED DIRECTOR [	STAFF PHYS [	Fet	228 IGGS		
	22c PHYSICIAN'S NAME (Type)			22d. ADDRESS				-07703		
-	NAME (Type)	W. O. McLan	9	167	E. Mai	n St.	Frostbu	rg. Md.		
	230 BURIAL, CREMATIO	N, 236 DATE THEREOF	23c NAME OF CEMETERY C			N (City, town, o		(Stote)		
	Burial	2-29-60	F'bg.Memor	ial Park	Fros	tburg.		Md.		
	24, FUNERAL DIRECTOR		ADDRESS	2Sa. I	REC'D BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNATU	RE		
,	Joseph R	. Durst, Fr	ostburg, Md.	DATE	MAR 1 '6	0 0	Lithur S. K	castell		



X	
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01417

Ram Diet Ma

					w						Ke	g, Dist. 14	ð.	
`		PLACE OF DEATH		[4]			. USUAL RE	SIDENCE (	Where decem	ed lived. If i		Residence be	fore admissi	ion)
	) °	. COUNTY AI	Legany		MARYL	AND	o. STATE	W.	Va.	b. CC	YTAU	Miner	al Y	
	/ b	ond give negrest town)	ovhide corporate limits, write	BURAL	c. LENGTH OF STAY II	4 1b	c. CITY OI	I NWOT	If autside car	porale limits,	write RURA	L and give r	searest town	n)
1			erland				Wil	ev F	ord		72			
	d	I. NAME OF HOSPITA	L OR INSTITUTION (I	not in hosp	oital, give street address		d. STREET	ADDRESS					e. IS RES	DENCE
			morial Ho	spit	al								YES [	NO 2
		NAME OF DECEASED	First		Middle		Los	lt.	4. DATE OF		Vonth	Day		
		(Type or print)	Edw.1		Raymond		ller		DEATH		Feb.	.,		60
	5. \$	eex _			D . NEVER MARRIED					9 AGE (In ye lost birthday)	Mon	the Days		Min.
		Male	I WILLIAM I	WIDOWED	tand		v.17			70	yrs.			
	10a. d	. USUAL OCCUPATION furing most of working	N (Give kind of work d g life, even if retired)	one 10b. K	IND OF BUSINESS OR II	ADUSTRY	11. BIRTHPL	ACE (Stote	o or fareign o	country)	1	. CITIZEN O		OUNTRY?
)			Conductor	R	ailroad				Creek	, W. V.	u .	US	M	
A	13.	FATHER'S NAME	37			14	I. MOTHER'S							
			N. Mille					geli	ne	??				
	15.  Yes.	WAS DECEASED EVE	R IN U. S. ARMED FOR (If you, give wor or doles of a	CES? 16. S	OCIAL SECURITY NO.	17. INFC					dress			
	_	no				Mrs	Ed'	ward	R. M	iller	,Wil	ey Fo	rd,W.	. Və
			H [Enter only one caus	e per line f	or (a), (b), and (c).]						-	INTE	RVAL BETWEEN	4
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (g)		Corona	ry (	ocelu.	sion					ldden	
	4-20.1 DUE TO .													
	Conditions, if ony, which) (b) Coronary Sclerosis													
		gave rise to immed (a), stating the u												
		cause fast.	(c)_											
	Z	PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM	MINALDISEAS	E CONDITION	GIVEN IN	PART 1(o) 1		
	Š												PERFORA	NO [X
	CERTIFICATION	20a. EXTERNAL CAU	SE WAS 20t	. DESCRIBE	HOW INJURY OCCUR	ED. (Enle	nature of in	jury in Po	rt I or Part II	of item 18.)				
		CAUSE OF DEATH.	II KIBOTII 45 🖸											
	MEDICAL.	20c. TIME OF INJUR	Y Month, Day, Year	20d. II	UURY OCCURRED 20	PLACE	OF INJURY (	Home, fan	m, 20f. (City	or town)	-	(County)		(Sigle)
	WED	Hour o.m.	19	While of wor	k at work	roctory,	street, effici	r biag., are	6-)					
			at I took charge	of the re	emains described	above	held an	Autop	sv 🗖. ti	nspection	√ In	quiry TV	and fi	nd that
			_		, Accident [],					ndetermin			, and m	iid iiidi
			^	2	/		، التا	, omitted	° Ш, °	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. Ш.		
		ACTUAL /	Donedon	- Ls	1. tan 10	//	CHIEF	AEDICAL E	XAMINER [				DATE SIG	MED
		SIGNATURE	- ALICENTER	,	Marine I		LU.		CAL EXAMINE					
		EXAMINER'S NAME (Type)	or. Bened:	ict S	kitarelio	: MD			EXAMINER [	trad .		Feb.	.7,19	60
	22a		N. 226. DATE THEREOI		22c. NAME OF CEMETER	Y OR CRI	EMATORY		22d. LOCA	TION (City, to	we, or cou	nty)	(State)	
		REMOVAL (Specify) Burial	Feb.10.	1960	Davis Men	noria	al Ce	mete	ry Cu	mberl	and.	Md.		
	23.	FUNERAL DIRECTOR'S			ADDRESS				D BY REGIST	RAR 24b.	REGISTRAR	'S_SIGNATU		
5	Ji	ames F. S	Scarpelli	, Cur	mberland,	Md.		DATE	B 9 180		inter.	S. Heard	ŧ	

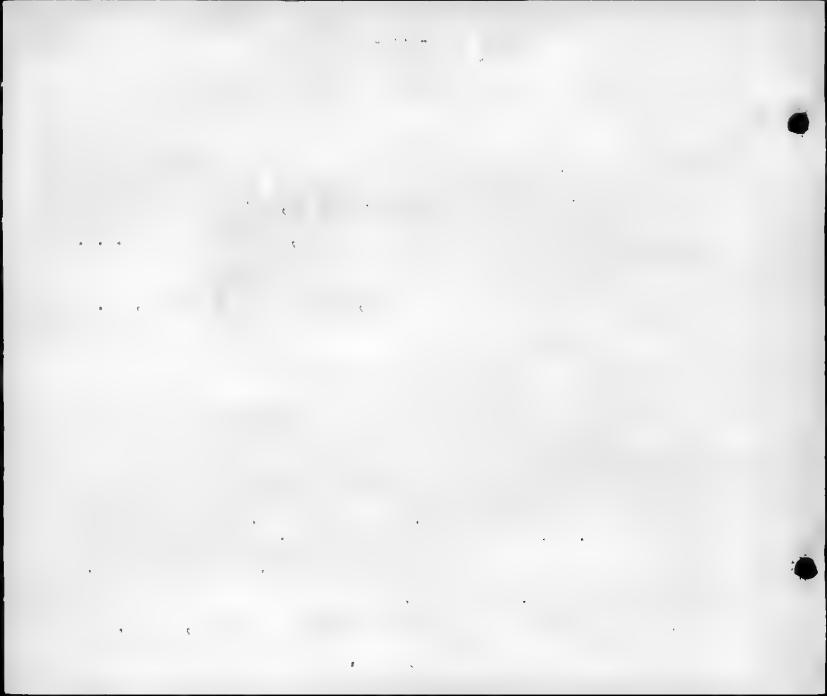
VS. A15ME(5) 5M 9/55



that the death certificate be

VS A15 (4)

15M 10/57

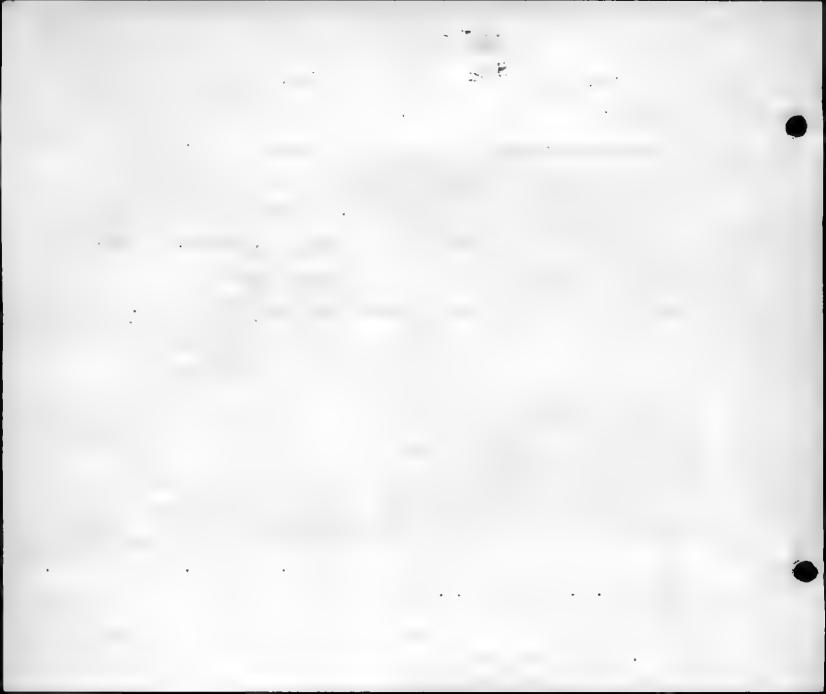




1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
R STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Req. Dist. No.
TH DEPT.	PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)
è-	G. COUNTY O. STATE & COUNTY
E MI	b. CITY OR TOWN (If outside corporate limits, write BURAL c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)
\$ "	Eckhart Lifetime X Frostburg.Md.
paod	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
i X	R. D. #3 Frostburg Md. R. D. #38ckhart YES NO A
,	3. NAME OF First Middle Last 4. DATE Month Day Year
5	(Type or print) William R. Pape DEATH 2 29 1960
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE In years Int UNDER 14 FRS Int bentbdy Months Days Hours Min.
	Male Multe Muowed Divorced Discourse 28 Aug
1	16a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
-	Miner Coal Mines Eckhart U. S. A.
	13. FATHER'S NAME
	William P. Pape   Mary Ethel H. Isinger
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT    You, no., or unknown)
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ]
6	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary Thrombours Sudden
	420,1 DUETO TIME ( 500000 - 2)
	Conditions, if any, which (b) Community Jelles
	(a), stating the underlying DUETO
	couse left. (c)
2	PERFORMED?
×	On EXTERNAL CALIFE WAS: 206 DESCRIPE HOW INHIBY OF CHIPPED (February in Book to Book to Show 18)
	206. EXTERNAL CAUSE WAS  RIMARY   or CONTRIBUTING   206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  RIMARY   or CONTRIBUTING   0   0   0   0   0   0   0   0   0
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State)  Hour o. m
	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry DC and in my
	opinion death resulted from: Notural causes . Accident . Suicide . Hamicide . Undetermined monner
#	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
47	ASSISTANT MEDICAL EXAMINER D
	EXAMINER'S WOME (Type) WOLL LUNE MA OST DEPUTY MEDICAL EXAMINER & 29/960.
	220. BLR AL. CREMATION 22b. DATE THEREOF THE THEREOF TO CHEMETERY OR CREMATORY TO LOCATION (City, Iown, or county) (Stole)
	Burial 3-3-1960 Eckhart Cemetery Frostburg Mo.
	23-FUNERAL DIRECTOR'S SIGNATURE Hafer Fune Pros thure MAR 7 '60 REGISTRAN'S SIGNATURE
~ 4	Leas Haler Fune Fat Frostburg, Md. OAYEMAR 7 '60 Contag & Trans
A.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1409 CERTIFICATE OF

MENT OF HEALTH DS — BALTIMORE 1, MARYLAND DEATH	01423

			<del></del>												
	o. COUNTY	ALLEGANY		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY									
ľ	b. CITY OR TOWN (III RURAL and give no CUMBERLA	outside corporate lim	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  CUMBERLAND									
	d. NAME MORSILA MEMOR I A	L & WARWIC	K AVE	oddress)		d STREET ADDRESS  1311 FREDERICK STREET  o IS RESIDENCE ON A FARM YES  NO									
17.	3. NAME OF DECEASED (Type or print)	Fi A	rst NNA	Middle		POSSELT			RUARY	Day 23	Year 19 60				
1	FEMALE	6. COLOR OR RACE 7. MARRI				APRIL 14		9. AGE (In years last birthdoy) 67 yrs		YEAR IF UN Days Hour	_				
1	On USUAL OCCUPATION during most of work		done 10b I	KIND OF BUSINESS OR	INDUS		tate ar foreign c	ountry)	12 CITIZ	U.S.A.	COUNTRY?				
Ī	3. FATHER'S NAME			•		14. MOTHER'S MAIDE	N NAME								
I	WILHELM	ELENDER				A NNA	SWE ITZ	ER							
	5. WAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SECURITY NO	17, <b>IN</b>	FORMANT		Add	ress						
ı	70	T yes, give wor or down or		/one	M	EMORIAL HOS	PITAL	CUMBE	ERLAND	, MARY	LAND_				
	1B. CAUSE OF DEA PART I DEA		INTERVAL BETWEEN ONSET AND DEATH												
	Canditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.  (b) Other Canditions of the Candidate of the														
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1/2. WAS AUTOPSY PERFORMED?  YES   NO   PART   10   1/2														
	20c. TIME OF INJUR Hour o. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20d. INJURY OCCURRED White Not while Gotory, street, affice bldg, etc.) (County) (Stote)													
	1	21. I certify that (I) (this hospital) attended the deceased from 196. In and that death accurred at 6:12, From the causes and an the date stated above													
	19c PHYS CIAN'S NAME (Type)	DR. GEORGE	SIMO	NS	A.D ATTENDING PHYS 22d ADDRESS	MED DIRECTOR [	STAFF PHYS.   7 2			SIGNED					
	230, BUR AL, CREMATIO REMOVAL (Spec by)	N, 236 DATE THERE	10	230 NAME OF CEMET	ERY O	nomo Pto	23d 10CA	TION (City, town,	or county)	2 )/1	ore Q				
	24. FUNERAL DIRECTOR	SIGNATURE /	Inc	ADDRESS	1.	4	FEB 2 9 '6		STRAR'S SIG	NATURE					



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Per Dist No

01424

-									Magic with	11001				
1.	PLACE OF DEATH		L	410	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
L	A	LLEGANY		MARYLAN	0		YLAND	b. COUNT	ظبابلظ					
П	b. CITY OR TOWN pt of and give necreal town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)									
L		ERLAND			CUMBERLAND									
L	d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hos	pital, give street address)	d. STREET	ADDRESS				ON	RESIDENCE			
L	<del></del>	ED HEART	HOSF	ITAL		R.F	.D.#	5 Box	168	YES NO [				
3	. NAME OF DECEASED (Type or print)	Fin		Middle		ıst	4. DATE OF DEATH	Manti 2	2		Year 1960			
5	i. SEX	BENJAII		D NEVER MARRIED	R IFF EY	rsa		AGE (In years	IF UNDER 19					
	Male	White	WIDOWEE		3=30-			fost birthday) 82 yrs.		oys Hours				
1:	Go. USUAL OCCUPATION	N (Give kind of work o	one 10b. K	IND OF BUSINESS OR INDU	<del></del>		or foreign cou		12. CITIZE	EN OF WHA	T COUNTRY			
П	during most of working	life, even it refired]	C	elanese Co	rp Los	t Cit	tv. W.	.Va.		USA				
1	3. FATHER'S NAME				14. MOTHER									
		Harvey R:	iffer	r	E	lizal	oeth N	filler						
1	S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT			Address	Во	x 168	Ma.			
Ţ,	No	in fact the way or coles of t	22	0-07-6996	Mrs. Ra	chael	L S.Ri	ffey R	.D.#5	Cu	umb.			
		H [Enter anly one cau	se per line l	for (a), (b), and (c).]	****					INTERVAL BETWEEN ONSET AND DEATH				
L	PART I. DEATH	1 WAS CAUSED BY: MMEDIATE CAUSE (a)		Coronary	Occlus	ion				10 I	)ays			
L	1420.	DUE TO												
L		Conditions, if any, which are course (b) Coronary Sclerosis, Marked												
ı	(a), stating the underlying DUE TO													
	cause last. (c)													
100	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?												
	3			erosis wit					8	YES	NO 🗆			
	PART II. OTHE	TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	Enter nature of	injury in Pari	t i or Part (i a	filem 18.]						
13	20c. TIME OF INJURY	' Month, Day, Yea			LACE OF INJURY	(Home, form	20f. (City o	or Iawn)	{Cauni	ly)	(State)			
000	Hour a.m.	19	While at wo	rk at white	reidiy, sireer, ciril	or bridge, erc.	1							
ı	21. I certify the	at I took charge	of the r	emains described al	oove, held a	n Autops	y 🎑 , Ins	pection 🔼,	Inquiry	, and	find that			
١	death resulted	from: Natural	causes 5	Accident [], S	uicide 🔲,	Homicide	, Und	determined o	ause 🔲.					
I	1	7 , 1	+ X	1-1-01	,					DATE	SIGNED			
ı	SIGNATURE_	enedic	148	starelic		MEDICAL EX	_	_						
	EXAMINER'S	2.4	-1 -1	N. N. C. A.			AL EXAMINER	_		077	1000			
				relic, M.D		Y MEDICAL	EXAMINER []		ruary		1960			
2	REMOVAL (Specify)	1 4 4		22c. NAME OF CEMETERY				ON (City, town,		(510				
2	Burial  Burial  Burial	3/1/60	)	Hillcrest	Burial			herlan			d			
ľ		e George	Class		1.4	240. KEC			mus S. H	_				
- 66	FT . 1.5 54 37 F17	- I - H I I I I I I I I		111 T 104 F 0 0 "3 F 1 / 1	. / 1	PARTIE	1311	2.400	) .a. (V	Particular Printers				

VS. A15ME(5) 5M 9/55



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

1611

Reg. Dist. No.

1. PLACE OF DEATH o COUNTY	Allegany		MARY	LAND 2	USUAL RESID	ENCE (Wh	ere deceased	l tived. If in		lleqa		)
RURAL ond give n	f outside corporate limi corest lown)		NGTH OF STAY		c CITY OR T	OWN (If or	utside corpor			· ·	-	
Cumberl					gard.	berl	anu,					
or institution 417 Win	Mer St.,	jive street oddres	55}		417 W		r St.	9	,		ON A F	
3 NAME OF DECEASED (Type or print)	AGN		Middle		RIL	EY	4. DATE OF DEATH	F	Month e b .	2	5 , 19	60
S. SEX Female	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI		DATE OF BIRTH $6/14/7$	1		9. AGE (In ) lost birtho	ears IF UN loy) Moni	IDER 1 YEAR ths Days	IF UNDER	24 HRS Min
10a USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS O	R INDUSTRI	11 BIRTHPL	CE (Stote	or foreign co	untry)	12	CITIZEN O	F WHAT C	OUNTRY
Housewif		Own	home		Alle	gany	Co.	Mary	land	U.	S. A.	
13. FATHER'S NAME				1	14. MOTHER'S			_				
	n Murphy					san	Conro	o d				
	R IN U.S. ARMED FOR (If yes, give wor or dotes of s					do M	Шис	de 41	Address 7 187 i m	Cumb	erlar	ıd.
No,	The Paris of the Control of the Cont			Mrs	d d	ua m	• 11 y C	16 41	( NIII			[M]
	ITH [Enter only one co ITH WAS CAUSED BY	use per line for	(e), (b), and (c).	1- /	1/2		,	1-4		INTE	ET AND DE	EATH
5/00	IMMEDIATE CAUSE (c		-cm	C.	170	200	ron	1/12	-	- ~	7	2-/-
4 × 1	DUE TO	Ho		1.	Mis	1/3	h.	0.				
Conditions, if o	mmediate		uga	200	4000	- CO	THE	de gra	Ket.	-		
couse (a), stating lying couse last.	the under-	Mo	zen	ge,	OF	- (	7	2	-			
PART II. OTI	HER SIGNIFICANT CON	DITIONS CONTR	BUTING TO DE	ATH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITIO	I GIVEN IN	PART 1(o) 11	WAS AU	TOPSY
PART II. OTH							200				PERFORM YES 1	
	S UNDERLYING	206. DESCRIBE	HOW INJURY O	CCURRED (	Enter noture of	mjury in P	ort 1 or Port	II of item 18	:)			
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			,					4-			
ZOC TIME OF INJUR	Y Month, Doy, Ye			20e PLACE	OF INJURY IF	lome, form,	20f. (City	or lown)		(County)		(State)
Hour o.m.	19	White To	Not while	loctory	y, street, office	biog., etc.	1	,				
	at I attended the	deceased fr	amst /7	153	, 19	to 2	125	10.180	the	t I last sa	ou the d	cantad
alive on	L= 7/1/0C		, and that	death a			Pu from					
1	9/1/	100		0.0				reet, city or t		in the da		SIGNED
ACTUÁR SIGNATURE	WIM	eller	· nue	M O	122	So.	Cent	tre S	t		2/2	6/61
	ichard J.	Willi	ams M.	D.			and,				1	
220 BURIAL, CREMATIC		)F   22c.	NAME OF CEM	ETERY OR C	REMATORY		22d. LOCAT	ION (City, to	wn, or cour	nly)	(Stole)	
REMOVAL (Specify) Burial	2/28/60	) F	ort As	hby	Cemete			rt As		And the	a.	
23. FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS			24a, REC'E	D BY REGISTI			S SIGNATUR		
H. Wayne	George	Cumber	land,	Mary	land	DATEFEE	3 2 9 160	0	Cirthur	S. Firan	A	



, .

	NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	: 3 shauld be detached far use as the burial-transit permit. Then please removementshon papers. Pages 1 and 2 shauld be filed with	
	dire	Pa	**
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pe retuined by the nosbital or allenging physician	RE	þ	egistrar priar ta burial, cremation, ar remaval, and in any event within 72 haurs after demth.
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Jeath. Page 4

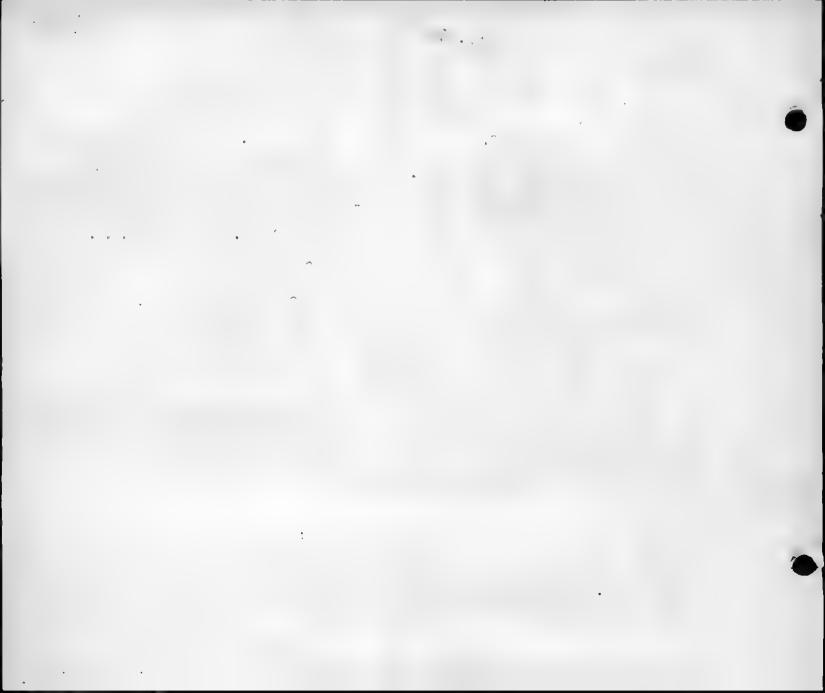
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL OF MAY be retained MST TO FUNERAL DIRECTOR (4) 10/2/2010 the registrar prior

		145	CERTIF	·ICA	TE OF DE	ATH			Reg	. Dist. No	).		
PLACE OF DEATH	legany		MARYL	AND	2. USUAL RESIDEN	CE (Who	ere deceased	l lived. If institut b. COUNTY		All 1 con		ision)	
b. CITY OR TOWN (	If outside carparate tim	ils, write	c. LENGTH OF STAY II	и 1ь	c CITY OR TOW	/N (If or	stside corpor	rote limits, write	RURAL	and give ne	arest tow	m)	
BURAL and give n			18 Yrs.		X Barton	3							
d NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital,	give street	address)		d STREET ADDI	RESS					ON /	IS RESIDENCE ON A FARM? YES NO E	
3. NAME OF DECEASED (Type or print)	annie	rst	Susan Middle	Ri	Ltchey		4 DATE OF DEATH	Mo Feb.		9		Yeor 1960	
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED		DATE OF BIRTH			9. AGE (In years last big/hdoy)	IF UN Mont	DER 1 YEAR	IF UND	ER 24 HRS	
Female	White	WIDOW	ED DIVORCED		Oct. 17,	186	8	91 yrı	moni	ths Doys	Hours	Min.	
toa. USUAL OCCUPATION during most of work HOUSE WILL	ON (Give kind of work ling life, even if retired	done 10b.	. KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE Maryle	` -	or foreign co	ountry)	12	U.S		T COUNTR	
13 FATHER'S NAME					14. MOTHER'S MA	IDEN N	AME						
Benjine	n F. Myers				Cath	neri	ne Gr	een					
15. WAS DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. INI	FORMANT			Add	dress				
no	1. / 4. 9. 4 - 1. 0. 00. 00. 0			A)	leda Horni	ick	Lo	naconing	, Me	d.			
ICATIC	mmediate the under- HER SIGNIFICANT COM	I N	CONTRIBUTING TO DEAT	4					VEN IN	PART 1(a)	19 WAS PERFO YES	ORMED?	
	1 1/2/13 (2)												
Zoc. TIME OF INJUR Hour o. m. p. m.	19	While of wor	rk at work	focto	CE OF INJURY (Homory, street, office bld	lg., etc )				(County)		(State)	
21. I certify the alive on	Paul		sed from FeA	death a		LOA,	M, from	the causes	and a		ite stat		
NAME (Type)		) /1	22c. NAME OF CEMET	47, 1) ERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or coun	nty)	[Sta	ite)	
PREMOVAL (Specify)	2/11/60		Lourel Hi	.11 0	Dem		Mosc	nu, Md.					
23. FUNERAL DIRECTOR	S SIGNATURE	ye	ADDRESS	Md.	240 DA	REC'D	RY PEGIST	RAR 24b. REG		SIGNATU	_		



V\$ A15 (4) 15M 10/57

	ALLEGANY	HI TOTO COLUMN	MARYLAND B COUNTY ALLEGANY									
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	RURAL and give nearest town) CUMBERLAND	36 DAYS	02 CUMBERLAND									
	d. WATER PATTALING PIPAIDI, give stre	et address)	/d STREET ADDRESS e IS RESIDENCI									
	MEMORIAL & WARWICK AVE	S.	KELLY B	LVD.	ON A FARM? YES NO K							
3.	NAME OF First	Middle	Last	4. DATE Mon								
	DECEASED (Type or print) HIRAM	D.	ROBINSON	OF SEATH FEBRUA	DV 12 60							
5.		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS							
		WED KI DIVORCED	6-16-1903	lest birthday)	Months Days Hours Min							
100				T foreign country)	12. CITIZEN OF WHAT COUNTRY							
	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Doilmond	RAWLINGS	. MD.	U.S.A.							
13.	FINEL PORT	Railroad	14 MOTHER'S MAIDEN N	/								
	HARRY ROBINSON		##ROSE#CA	Wen Laura	Deffinbaugh							
10												
{Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 1 Lino or unknown)		INFORMANT	Addi								
_	No		MEMORIAL HOSPI	TAL CUMBERLA	ND, MARYLAND							
	18. CAUSE OF DEATH [Enter only one couse per	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	arcinoma of	the Right	Luns with	CHSEL AND DEATH							
	163 X DUE TO	M . 1.	2	3								
	Conditions, if ony, which ) (b)	14 estant	ues.									
	gove rise to immediate DUE TO											
	lying cause lost. (c)											
ŏ	PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY							
EAT					PERFORMED?							
CERTIFICATION	20a ACCIDENT WAS UNDERLYING   20b D	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Po	art I or Part II of item 18.)								
CER	20g ACCIDENT WAS UNDERLYING A 20b D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
CAL	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)							
MEDICAL	Hour a.m p. m, 19 of w		ctory, street, office bldg., etc.)		(count)							
~				<u>i                                      </u>								
	21. I certify that I attended the dece											
	alive an, 19	, and that death			nd an the date stated above							
	ACTUAL O. 4 A		A	DDRESS (Street, city or town,	tota) DATE SIGNEE							
	SIGNATURE Carn J. Ha	heren	M.D									
	PHYSICIAN'S DR. CALVIN HADI	DIAN										
220	BURIAL CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY C		22d. LOCATION (City, town, o	1							
•	Burial   2-I5-60		Burial Parl									
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 24b REGIS								
,	James F. Scarpelli (	umber tand, "Id	DATE	3 2 3 '60 Cm	hur S. Kraus							



Vs A1s (4) 1SM 9/SB

ARYLAND	STATE DEPARTME	ENT OF HEALTH—BALT	IIMORE, 18
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1412 CERTIFICATE OF DEATH

M

01428 Reg. Dist. No.

					210					44.8. 0.01.					
	1. PLACE OF DEATH d. COUNTY MARYLA						2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)     a. STATE     b. COUNTY								
		ALLEGANY						LAND	<u> </u>			GANY			
	ŀ	b. CITY OR TOWN (* RURAL and give no	f autside carporate imi arest tawn)	ts, write	c. LENGTH OF STAY I	IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)								
		CUMBERTA	ND		J. DAYS		OL CUMBER	k)							
-	4	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	T	d. STREET ADDRESS				e. I	S RESIDEN	NCE PM2		
est,			CRED HEART	HOSP.	ITAL	' 17 WE	BER ST	•		YES NO K					
	3. [	NAME OF DECEASED	Fir	şl	Middle	Last	Last 4. DATE OF				Year				
		(Type or print)	FRANK		JOSEPH	RUPPERT	FEB.	23 19			60				
	S. S	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		B. DATE OF BIRTH	874	9 AGE (In years	IF UNDER 1 Y					
		MALE	WHITE	WIDOWI	ED 🕇 DIVORCED		OCT. 25,x	文名文章	85 Sex yrs.	Months Do	ys H	ours /	Min,		
	100	. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUS	TRY 11 BIRTHPLACE (State	or fareign co	ountry)	12. CITIZEN	OF W	TATCOU	NTRY?		
	1	Retired "I"	ing life, even if relired armer	,   0	wn Farm		MARYLAN	D, Cumb	erland	T	USA				
/	13.	FATHER'S NAME		-			14. MOTHER'S MAIDEN	NAME							
		JOSEPH F	RUPPERT				THERESA H	ELMSTE	TTER						
	1S.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	10	IFORMANT		Addr	ess					
		no PATIENTS CHART													
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Blanches  Conditions, if ony, which  (b)  (b)  (b)  (b)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (d												AND DE			
į		gave rise to i cause (a), stating lying cause last.	n mediate DUE TO	, and the second							,				
2	CATION														
	CERTIFI	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	, (Enter noture of cojury in	Part I ar Port	t II of item 1B)						
	MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye 19	while	Nat while		CE OF INJURY (Hame, fari tary, street, affice bldg., et		ar tawn)	(Cpu	nfy)	(	(Stote)		
ĺ		21. I certify th	at I attended the	deceas	ed fram $\nu I$	8	19 60, ta	2-	23 + 1960.	that I last	saw tl	he dece	eased		
		alive an	2:27	-, 12/	20 , and that	death	accurred at 5:55	AM, fram	the causes an	d an the d	ate st	ated al	bave.		
			0 1	7			_	ADDRESS (SI	treet; city or town,	state)		DATE SI	GNED		
		SIGNATURE	10/ Val	111	Pa VI.		10.169 Care	027	Cunke	Store of	111	12	23 %		
		ALL VEIGI AND TO	700		-10/1		/ /	7		,	[·	(/			
		PHYSICIAN'S NAME (Type)	JAMES T. JO	HNSO1	N. JR./M.D		GREENE GREENE	ST	CIMBERIA)	ND MARY	LAN	D,			
	220	BURIAL, CREMAT O	N, 226, BATE THEREC	60	St Polen	TERY OF	crematory Catholic	22d LOCAT	TION IGITY, town, o	ir county)	7	(Stole)	7		
	23.	FUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS	1	24a. REC	PER REGIST	PAR 246. REGIS	STRAP'S SIGNA		· ·	·		
		John J	1. Hafe	-	Lunberla	ud	Red DATE	14044	00	white X.	Tisall	<u>A</u>			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA Rea. Dist. No. HEALTH DEPT ), PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY CAllegany Poge files. Health, MARYLAND Legany b CITY OR TOWN ( floutude corporate timits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) retained far your ie State Board, of 1 and give rearest lown) 100 000 Lonaconing Lonaconing d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS PESIDENCE Allegany Street llegany\_Street YES NOW State death. NAME OF First Middle DATE Month Year DECEASED OF (Type or print) DEATH ROSSWELL 2/14/1960 PLAYFORD 19 hours after 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HES W. MOY last birthday) Months | Days Hours Min. WIDOWED IT DIVORCED [ White Male O 'n 300. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Page 1 12. CITIZEN OF WHAT COUNTRY? 22 Retired Carpenter Oakland, MD. U.S.A. pages Roges P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event Winifred Marv Savage with form Give File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ill yes, give war or dates al pervice) GUÀ  $\mathbf{N} \bullet$ Lonaconing. N/X Savage MD. 18 CAUSE OF DEATH [Enter only one cause per line for (o), Jb), and (c) along PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Office Conditions, if ony, which gave rise la immediate couse DUE TO (o) stating the underlying ā couse lost. D Exa PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19]. WAS AUTOPSY pasa PERFORMED? pe 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 ) PRIMARY OF CONTRIBUTING shauld CAUSE OF DEATH. e MEDICAL 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (0) i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour Not white a m (°) of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 🔀 and in my forwarded DIRECTOR: opinion death resulted fram: Natural causes X Accident Suicide . Hamicide | | Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER [7] EXAM NAME (Type)/ DEPUTY MEDICAL EXAMINER 🔽 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) ò Hilcress Burial 2/16/1960 Cumberland. 0 Come terv

ADDRESS

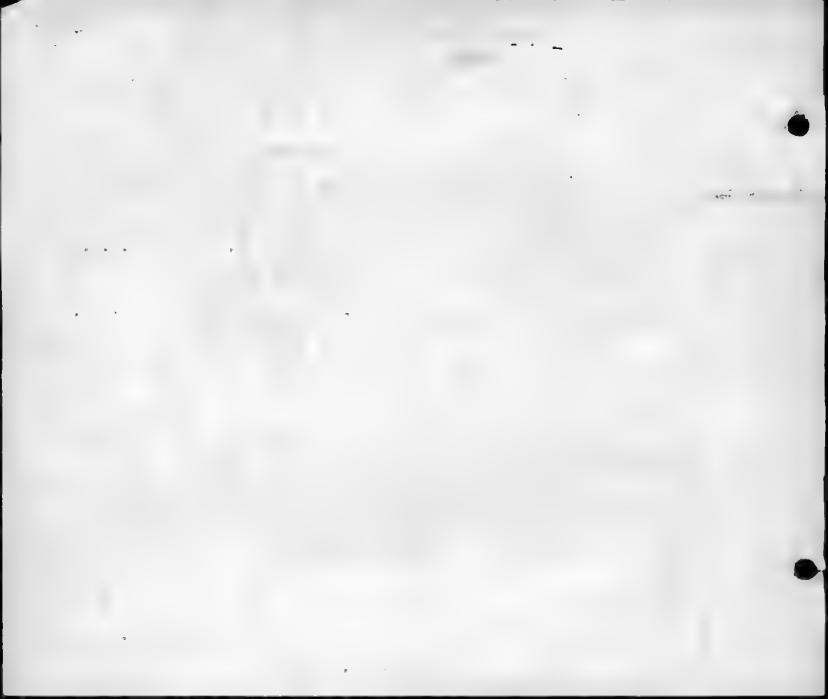
Lonaconing.

240 REC'D BY REGISTRAR

246. REGISTRAR'S SIGNATURE

Chilling S. Flease

VS. A15ME 5M 2/57 23. FUMERAL DIRECTOR'S SIGNATURE



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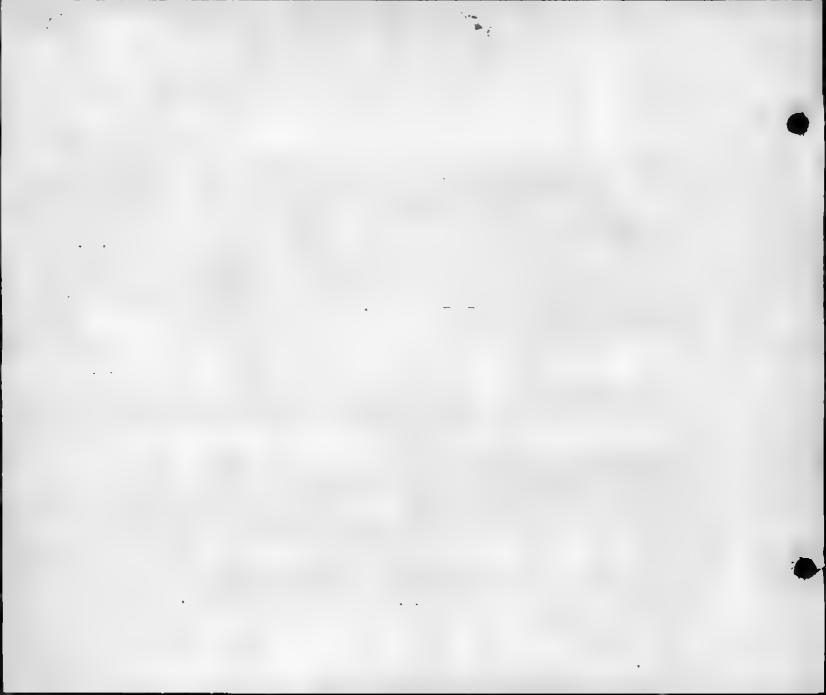
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01436

Reg. Dist. No.

- 12	-						_								
1	), PL	ACE OF DEATH COUNTY		- 1	41	4		2. USUAL RESIDENCE	CE (W	/here decease	d lived. If institu	v			(noite
ŀ	h. 1	CITY OR TOWN (III		in make Dista	1	c. LENGTH OF STAY IN 1		c. CITY OR TOW	>	<u>land</u>		ALI	egar	70	
1		and give neurest town)		ns, wine agan		C. LENGTH OF STAT IN	"	4.			orgie limits, write	KUKAL 0	no give n	eorest to	wuj
ŀ	d.	Cumber	L OR INSTITUTE	ON (If not	in hospi	ital, give street oddress)		d. STREET ADDRE		land				1 15 0	ESIDENCE
						mor, flate succes occurers,					Ctmost			ON	A FARM?
ŀ.	1 NA	Sacrod AME OF	Meart I	lospi i fint	al	Middle				4. DATE	Street				
Ι,	DE	CEASED (pe or print)				_		ion Schlunt		OF DEATH	Mont Reh		B		ear 9 ( ()
1	5. SE)		6. COLOR OR I	Arthur		G NEVER MARRIED	-				P. AGE III Work		R TYEAR		ER 24 HRS.
		_			OWED	- Ar	Se		27.2		last birthday)	Months	Days	Hours	Min.
1	_	USUAL OCCUPATION	Million kind of			ND OF BUSINESS OR IND	1 .	3/		or foreign cou	III yn.	12 (1	TIZEN O	E W/HAT	COUNTRY
ľ	dur	ring most of working Sallesman	life, even if rel	ired)		orobile	03111			or roreign con	anny)				COOMIKI
ŀ	13 F	ATHER'S NAME			2100	0.00.22.0	1,	Marylan  4. MOTHER'S MAID		Alle		1 0.	. S.	P. 0	
П	10. 17			-1-7 (			- ['								
Н	I S 1A	VAS DECEASED EVE	onrad S		-	OCIAL SECURITY NO. 112	7 10457	Alma Ca	the	erine F					
	Yes, n	o, or unknown)	If yes, give wor or d		1					- la "l du	107 Address	atur	Str	eet,	
ŀ	-	กร	WWII				rs.	Virginia	a 5	chiuny	Camber.	and,		~	
ı	13	8. CAUSE OF DEATH	H [Enter only or H WAS CAUSED		r line to	or (o), (b), and (c), ]								T AND DE	
			MMEDIATE CAU	SE (o)	Co	ronary Occli	ısi	on			-,		Sı	<u>ıdder</u>	1
	-	420.1	DU	E TO											
		Conditions, if an		(b)	-Co	ronary scle	ros	is with t	hr	ombosis	3		rest took o		
ı	-   0	gove rise to immediate cause (a), stating the underlying DUE TO													
Ţ	9	cause last.		(c)											
	<u>z</u>	PART II. OTHI	ER SIGNIFICANT	CONDITIO	NS CON	NTR BUTING TO DEATH BL	וסא זו	TRELATED TO THE T	TERM	NALDISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1		AUTOPSY RMED?
1	3 L													YES 🚺	но 🗆
	≂ [P	Oa, EXTERNAL CAUS RIMARY () or CON CAUSE OF DEATH.	SE WAS TRIBUTING	20b. DE	SCRIBE	HOW INJURY OCCURRED	). (Enle	r noture of injury in	n Port	i or Port ii o	f item 18.)				
	WEDICAL	Oc. TIME OF INJURY	Y Month, Da				PLACE	OF INJURY (Home,	, form	20f. (City o	or town)	{C	ounty)		(Stote)
	WED	Hour e.m.		19	While at worl	Not while	octory.	, street, office bidg.	., etc.;						
ı	2	21. I certify the	at I took ch			emains described a	bove	, held an Aut	opsy	IN. Ins	pection X	Inqu	iry X	, and i	find tha
				-		, Accident [],				-	determined o		٦. 🗀		
			1	4 /	7	1/10	1						_		
		ACTUAL SIGNATURE	Jewin	rot	X	totabeles	6/	A.D. CHIEF MEDIC	AL EX	AMINER []				DATE S	IGNED
			The second second		-		-	ASSISTANT M	EDICA	L EXAMINER					
	1	EXAMINER'S NAME (Type)				celic, M.D.		DEPUTY MEDI	ICAL E	XAMINER 🔝	Feb.	8, 1	960		
1	220. E	BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE TH	HEREOF		ZC. NAME OF CEMETERY				22d. LOCATIO	ON (City, town,		_	(Stole	0)
-	I	Burial		50		Hillcrest Bu	rie				rland		ıryla		
2		JNERAL DIRECTOR'S		2 1	7	ADDRESS	1	240.	REC'E	BY REGISTR	AR 24b, REGI		h		
L	্ধ	uth E. Si.	TCOX (	Cumber	rLan	d Marylar	JQ	DAT		0			1-	w.A	
-					_										

VS. A15ME(5) 5M 9755



20f. (City or Jown)

Center St.

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

Cumberland, Maryland

PERFORMED? YES NO D-

(State)

(State)

(County)

1960 that I last saw the deceased

M, from the causes and on the date stated above.

Maryland

arthur & House

Cumberland,

20 C filled camples papers. and Corbon Sfer 怘 ă should 62

filed

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should |

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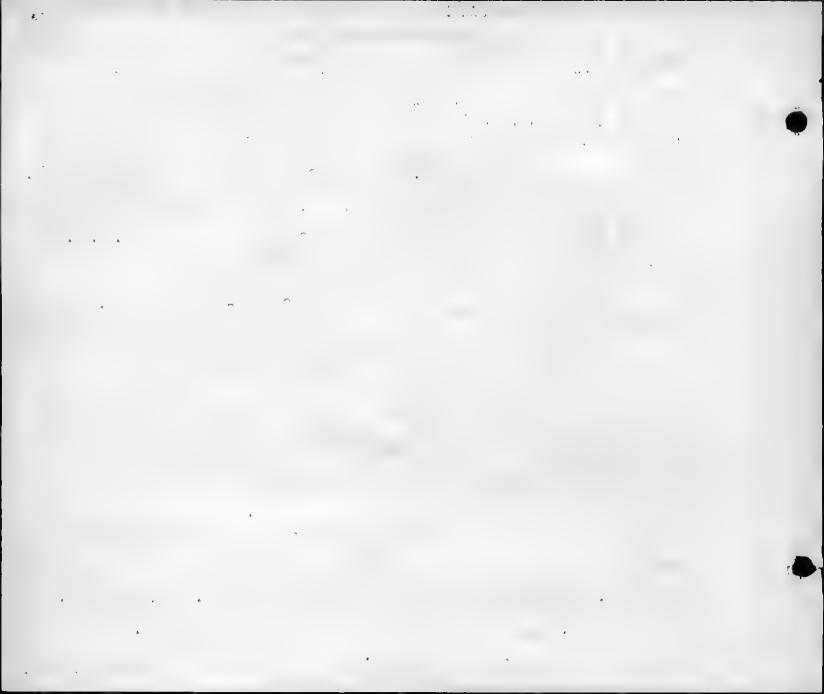
a. COUNTY

MAME OF

DECEASED

(Type or print)

5 SEX male during most of working life, even if retired) Retired Machinist 13. FATHER'S NAME David 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 1643X Conditions, if ony, which gove rise to immediate DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day. Year factory, street, office bldg., etc.) Hour a.m. White Not white at work of work p. m. 21. I certify that I attended the deceased from and that death accurred at. DIRECTOR: ģ ACTUAL SIGNATURE 122 So. Center St. Cumberland PHYSICIAN'S NAME (Type) FUNERAL Alfred Van Ormer M.D 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial /5/60 Hillcrest Burial Park 9 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS A1S (4) 15M 9/55 John J. Hafer, Cumberland, Maryland DATE



TO HOSPITAL C	may be retained b	TO FUNERAL DIRECT	poge 3 shauld be	
سر ۷ ۱	'S .	A15	5 (4 3/5	7

		411	CERTITION	TE OF DEA		Reg. C	Dist. No.
	EGANY		MARYLAND	o. STATE MARY	LAND		EGANY
B. CITY OR TOWN RURAL and give r CUMBERL	If outside corporate limits, w learest town) A ND		TH OF STAY IN 16		(If outside corporate ERLAND	e limits, write RURAL ond	give nearest town)
G. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give in MORIAL HOSPIT	'AL		d STREET ADORES	WINDSOR R	OAD	e. IS RESIDE ON A FA YES N
NAME OF DECEASED (Type or print)	First CE (	HL	Middle	SMITH	4 DATE OF DEATH	Month FEBRUARY	Day Yeo
FEMALE	WHITE WI	DOWED 🔀	DIVORCED	JULY 19	1844	lost birthdoy) Months	Doys Hours
HOUSEW	ON (Give kind of work done king life, even if retired)	106. KIND OF	BUSINESS OR INDUS	TRY 11 BIRTHPLACE PS	tele or foreign coun		U.S.A.
3. FATHER'S NAME  WILLIAM	LMARO			14. MOTHER'S WAID		W1	
	ER IN U. S. ARMED FORCESS			FORMANT	DENNISTO SPITAL -	Address CUMBERLAND,	MARYLAND
	ATH [Enter only one cause	per line for (a)	(b), and (c)		Land It	-d-0	INTERVAL BETW
420.1	DUE TO	<u> </u>	Cou	acour	vary.	- gading	
Conditions, if a	mmediate	arto	rio Die	levalic	Lark	4	100
couse (a), stating lying couse last.	the <u>under-</u> DUE TO (c)			i	noem	los dia	- 0
PANT II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBL	of Cler	NOT RELATED TO THE TI	ERMINAL DISEASE C	ONDITION GIVEN IN PA	RT 1(a) 19 WAS AUT PERFORM YES N
■ LOR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HO	W TNJURY O'CCURRED	. (Enter noture of injur)	in Port Far Port II	of item 18.)	
20c. TIME OF INJUI Hour e.m. p.m.		Nod. INJURY OF While Not to work of the control of	CCURRED 20e. PLA foct while foct	CE OF INJURY (Home, ory, street, office bldg.	form, 20f. (City or etc.)	lawn)	(County)
	nat I attended the de	/				1960,that I	
ACTUAL SIGNATURE	B. L. W.	illia	and that death	accurred at 210		he causes and an it, city or town, stotel	the date stated  PATE  2/1/
PHYSICIAN'S NAME (Type)	DR. W.F. W	/ILLIAM	5				
20. BURIAL, CREMATIC PEMOVAL (Specify	2/12/60	140	AME OF CEMETERY OR	CREMATORY	22d LOCATIO	N (Cyy, town, or county)	(Stote)
3. FUNERAL DIRECTOR	'S SIGNATURE	ADI	DRES\$	a ()   _	REC'D BY REGISTRAL		
X Orong	with sin		ensure.	MCX. DATE	EB 1 5 '60	Orthug &	Frank



VS. A15ME(5) 5M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	U	J.L.	¥	U	ı
Dist No.					

											Key. OII			
	PLACE OF DEATH		7 ,	48				IDENCE (Wh	ere deceo	ed lived. If instit		ce befo	re admiss	ion)
L	1	Ameryleaverd (	RECK	Terrell.	MARYLA	ND	o. STATE	Maryla	and	b. COUNT	Alle	gan	y	
1	. CITY OR TOWN IN	outside corporate limits, write			OF STAY IN	1b	c. CITY OR	TOWN (IF o	utside cor	porote limits, write	RURAL and	give nec	rest fow	n)
	<u>umberland</u>				years	5	X	Cumber	lanc					
1	I. NAME OF HOSPITA	LL OR INSTITUTION (	If not in	hospital, give st	reet address)	l	d. STREET	DDRESS	E N				e, IS RES	DENCE FARM?
		diner Road						Rt. 5	Mir	ier Road			YES 🗌	NO D
	NAME OF DECEASED (Type or print)	Fig. ODDNOD	rl	DUODE	Middle	(1)	Lost	1	OF DEATH	Moni		Doy	Yes	
5. 9		6. COLOR OR RACE	7. 14.	PROFF		P. P.	ATE OF BIRTH			Februar 9. AGE  ln years	I IF UNDER 1	YEAR		60 R 24 HRS.
	_		1		_					lost birthday)		-	T .	Min.
	emale	White			DIVORCED [		1e 28.	1893	a familian a	66 уп.	ha ciriz	EN OF	TANK	OUNTRY?
		ON (Give kind of work of life, even if retired)	JONE II	AS, KIND OF BUS	SINESS OR IN	DUSIKI	III. BIKITIYA	WCE (20018 D	r roreign ç	DUNITY)			mnai Ç	OUNIKIT
-	lousewife					1.				Virgin	ia U	SA		
13.	FATHER'S NAME					- ['	4. MOTHER'S							
-		lenry Pro					Mary '	Vincer	nt					
15. (Yes		R IN U. S. ARMED FO		16. SOCIAL SEC	URITY NO.	17. INIF	ORMANT			Address				
	no				F	rai	ık Smi	th, Ri	· · 5,	Miner	kd. Cu			
		TH (Enter only one cau	se per	line for (o), (b), (	ond (c).]							INTERY,	AL BETWEE	Н
	PART I. DEAT	H WAS CAUSED 8Y; IMMEDIATE CAUSE (o)		Coro	nary o	ccl	usion						Sud	den
	420.1	DUE TO												-
	Conditions, if or	ny, which) (b)			Corona	ry	sclero	sis						
	gove rise to immed (a), stoting the u	liate cause (												
	couse lost.	(c)										<u> </u>		
z	PART II. OTH	ER SIGNIFICANT CON	POITION	S CONTRIBUTING	TO DEATH E	UT NO	T RELATED TO	THE TERMIN	ALDISEAS	E CONDITION G	VEN IN PART	1(0) 19.	WAS AT	
CATION												YE	S	NO X
CERTIFI	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	ISE WAS 20	b. DESC	CRIBE HOW INJU	RY OCCURRE	D. (En)	er nature of in	jury in Port I	or Port II	of item 18.)				
	CAUSE OF DEATH.													
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes		0d. INJURY OCC			OF INJURY (I		20f. (City	or town)	(Cour	ity)		(State)
MED.	Hour, o.m.	, 19		Yhile Nots twork ☐ otw	while :	rourory	, , , , , , , , , , , , , , , , , , , ,	modit arest	1					
	21. I certify th	at I taak charge	of th	ne remains a	lescribed	abav	, held an	Autapsy	<b></b> , i	nspectian 🔼	, Inquiry	, M	and fi	nd that
	death resulted	fram: Natural	cause	Accie	dent 🔲,	Suici	de 🔲, H	amicide	<u> </u>	ndetermined	cause 🔲.			
	/	2 11	, 1	6	- 1,		-	·			_			
П	ACTUAL SIGNATURE	ensoliet.	AK	Tare	lead		M.D. CHIEF N	EDICAL EXA	MINER 🔲				DATE SH	ENTO
-		8		· - : - · · · · · · · · · · · · · · · ·				NT MEDICAL	EXAMINE	R 🗀				
	EXAMINER'S BE	enedict Sk	ita	relic M	.D.		DEPUTY	MEDICAL EX	AMINER [	<b>3</b>	Febru	ary	7,	1960
220	BURIAL CREMATIO	N, 22b. DATE THEREC	F	22c. NAME	OF CEMETERY	ORC	REMATORY	1	22d. LOCA	TION (City, town,	or county)		(State)	
Bu	rial	Feb. 10.	196		Hill	Cen	netery	c	Lumbe	rland.	arvla	nd		
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRE	ESS			24a. REC'D			ISTRAR'S SIGI	MATURE		
	John J. I	Hafer, Eum	ber	land, M	larylaı	nd		DATE	10'6	30 a	Thung S. ;	Kraus	1	
						_								



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L			4115	CEKTIFI	CAIE	OF DEA	III					
	PLACE OF DEATH						E (Where decease	ed lived. If institut		nce befo	re admissi	on)
	a COUNTY	ALLEGANY		MARYL	AND	a. STATE MAR	YLAND	b. COUNTY		LEGA	MY	
_	b. CITY OR TOWN (	(If outside corporate limi	its, write	c. LENGTH OF STAY I	N 16	c CITY OR TOWN	4 (If outside corp	orate limits, write I	7.1.5	4 -1 -1 -1 -1 -1		)
	CUMBERL			I DAY		CUM	BERLAND					
	d. NAME OF HOSPIT  OMENOR DAI  MEMOR LAI					STREET ADDRE	WINDSOR	ROAD				DENCE FARM? NO
3	NAME OF	Fri	rst	Middle		Last	4. DATE	Mo	eth	Do	iy Y	feor
	DECEASED (Type or print)	HARO	LD	W.		SMITH	OF DEATH	FEBRUA	RY	3	1	9 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIEL	8. D	ATE OF BIRTH		9. AGE (In years	IF JNDE		IF UNDE	R 24 HR5.
	MALE	WHITE	WIDOWED	DIVORCED		JUNE 28.1	883	76 yrs	Months	Days	Hours	Min,
100	USUAL OCCUPATION	ON (Give kind of work	done 10b, K	IND OF BUSINESS OR			(State or foreign		12.CI	TIZEN OI	WHATC	OUNTRY?
15	elined most of war	fing life, eyen if cay red		co 4mm	,	BATH.	MAINE			U.S	S.A.	
13	FATHER'S NAME		7, 7, 9	1	1.	MOTHER'S MAIL	DEN NAME					
	COVIRTS	SE O. SMITH				ALICE	WATSON					
		ER IN U.S. ARMED FOR		OCIAL SECURITY NO.	17, INFO	MANT		Ado	lress .			
1	20	(it yes, give war as dotes or s	an averag		ME	MORTAL H	OSPITAL	CUMBER	LAND,	MARY	LAND	
	18. CAUSE OF DEA	ATH [Enter only one co	use per line	for, (a), (b), and (c).]	0	1. /	0				ERVAL BE	
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, /	Cenels	-ax	1 yeur	note	age_		014	SETAND	750
	331x	DUE TO	,	1 _				0				
	Conditions, if a	any, which )	,	Carlon.	5 10	clara	tie v	assent	2	-		
	gove rise to i	immediate (		<u> </u>	<u> </u>			A			-	
	lying couse last.	the nugar-						w				
Z	PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(a) [1	9. WAS A	AUTOPSY
CATIO			_								PERFO	RMED?
FIC	20g ACCIDENT W	AS UNDERLYING FT	20b. DESCI	RIBE HOW INJURY OC	CURRED. (6	nter nature of iniv	ery in Part I or Pa	ort II of item 18 )				
CERTIF	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , , ,		•					
SAL	20c. TIME OF INJUI	RY Month, Day, Ye	or 20d. INJ	IURY OCCURRED		OF INJURY (Home		ity or town)		(County)		(State)
MEDICAL	Hour o.m.	19	While of work	Not while	factory	, street, office bldg	3., efc.)					
~		at (I) (this haspita			Fram	2 - 2 -	10 (00 10	205	- 10	102.11	mt /1\ /s	
	saw the decea		7/ 7	\				n the causes a			1 / 1	
	220 SIGNATURE	sed dive on	- 0	17E~ Pana	inar aear	n accorred dr	PLE JAN, THOR	i the causes a	10 00 11	ie doit		DATE
		// X S	41	llian	M D	ATTENDING PHYS	MED DIRECTOR [	STAFF PHYS.			21.	SIGNED
	22c. PHYSICIAN'S		0	6-6-6-6		22d ADDRESS	DIRECTOR L		) ^	0	-	5//
	NAME (Type)	DR.W.F.WIL	L LAMS			Cu	inche	dans	SI.	X		0
230	BURIAL, CREMATIC	DN. 236 DATE THERE		23c. NAME OF CEME	TERY OR G	REMATORY	23d_10C	ATION (City towns	or county	- Trans	(Stot	e)
1	Survive Survive	2/5/6	Ď	Hiller	est.	dem	Cu	mberla	ne(	1	y.R	£ -
24.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1 0	1 0 250	REC'D SY REGI	STRAR 256 REG	STRAR'S	IGNATU	RE	



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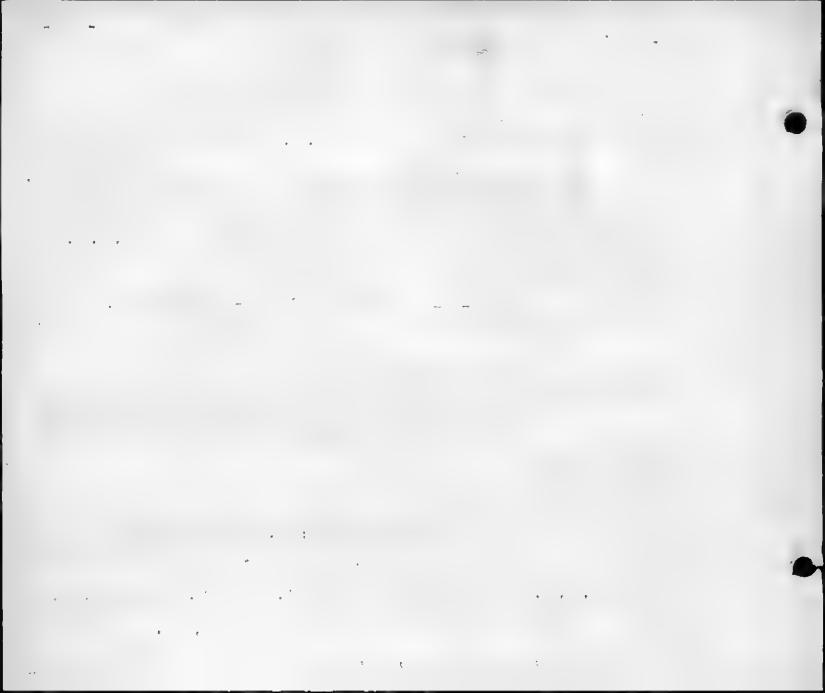
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FUNERAL DIRECTOR:

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1445 CERTIFICATE OF DEATH

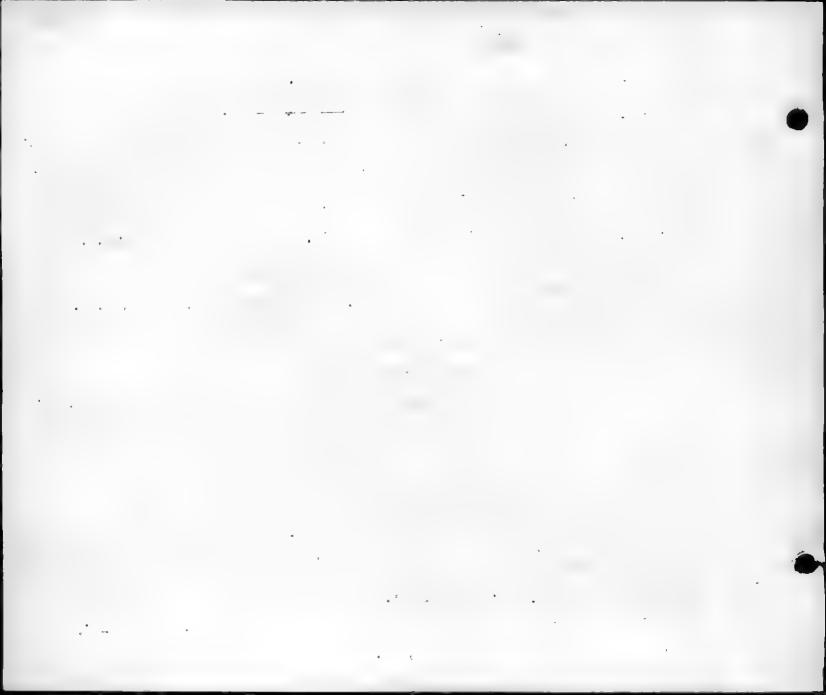
	423	r U			Keg. Dis	it. 140.
ŧ,	PLACE OF DEATH  o. COUNTY  Allegany	MARYLAND	2 USUAL RESIDENCE (Who		nstitution: Resident	
	b CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)		c. CITY OR TOWN (If or			give nearest fown)
-	Westernport  d. NAME OF HOSPITAL (If not in hospital, give strook NSTITUTION KOOKEN NUTS. Home	11 Months	d. STREET ADDRESS  Mi. W. Ray	Danville		e. IS RESIDENCE ON A FARM? YES NO SX
	NAME OF DECEASED (Type or print)  Wesley	Adams S	nyder	4. DATE OF DEATH FO	Month	Day Year 4 1960
-	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED D	B. DATE OF BIRTH Dec. 11, 1881	9. AGE (In	years (IF UNDER	1 YEAR IF UNDER 24 HRS Doys Hours Min.
Noc	dring most of working life, even if retired)	ob. KIND OF BUSINESS OR INDU Lumber Mill	Pa.	or foreign cauntry)		ZEN OF WHAT COUNTRY?
13.	FATHER'S NAME not known		14. MOTHER'S MAIDEN N			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or unknown) (If yes, give wer or dates of service)	10. 30 01/12 32 00 11/1 11/01	Mrs. Edna Snyd	ler-R.D. 3.	Address Keyser,	W.Va.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), storing the under.  DUE TO	critine for (a), (b), and (c).]  Cardio-renal  arterio-scl				interval between conset and death 2 yrs  10 yrs
ATION	PART II. OTHER SIGNIFICANT CONDITION	Diabetes Me		NAL DISEASE CONDITIO	ON GIVEN IN PART	5 years  1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
L CERTIFIC	206 ACCIDENT WAS UNDERLYING ACCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in P	ort tor Port It of item	1B.)	
MEDICAL	Hour o.m. W		LACE OF INJURY (Home, form, octory, street, office bldg., etc.		(0	County) (State)
	21. I certify that I attended the decidive an Feb 4, 1 ACTUAL SIGNATURE	eased fram November 60, and that death	h accurred at 7.15		es and on the	
		lverton, Sr.	P1	edmont	West	. Va
220	BURAL CREMATION, 226 DATE THEREOF 2/7/60	22c NAME OF CEMETERY C Waxler Cem	DR CREMATORY		-Allegan	
23	FUNERAL DIRECTOR'S SIGNATURE	Westernport, Md.	24a. REC'U	D BY REGISTRAR 246	Cuttur S.	SNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of Jeath. Page 4 may be retained by the hospital at attending physician.

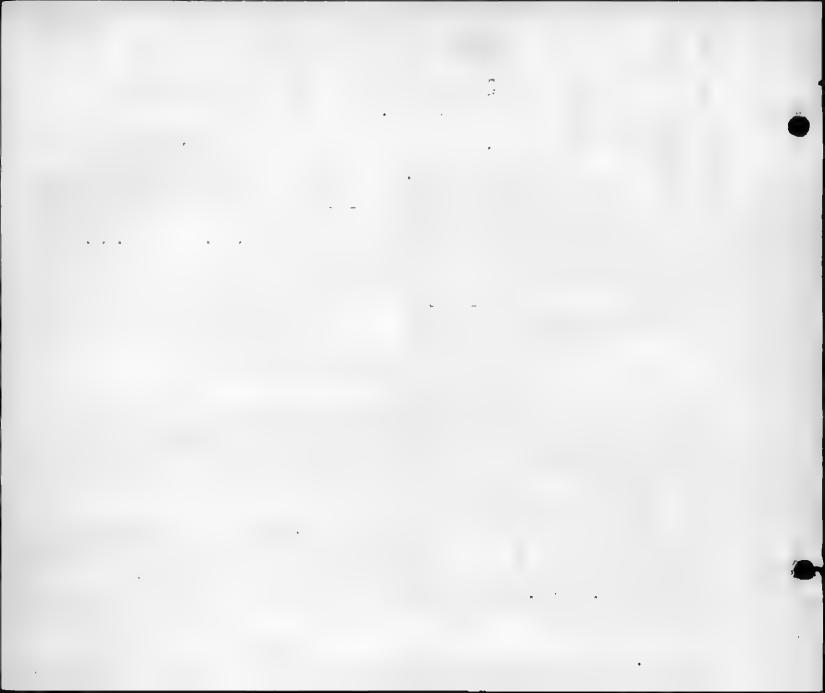
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, at removal, and in any event within 72 leaurs after death.

VS A1S (4) 1SM 9/SB

Jeath. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



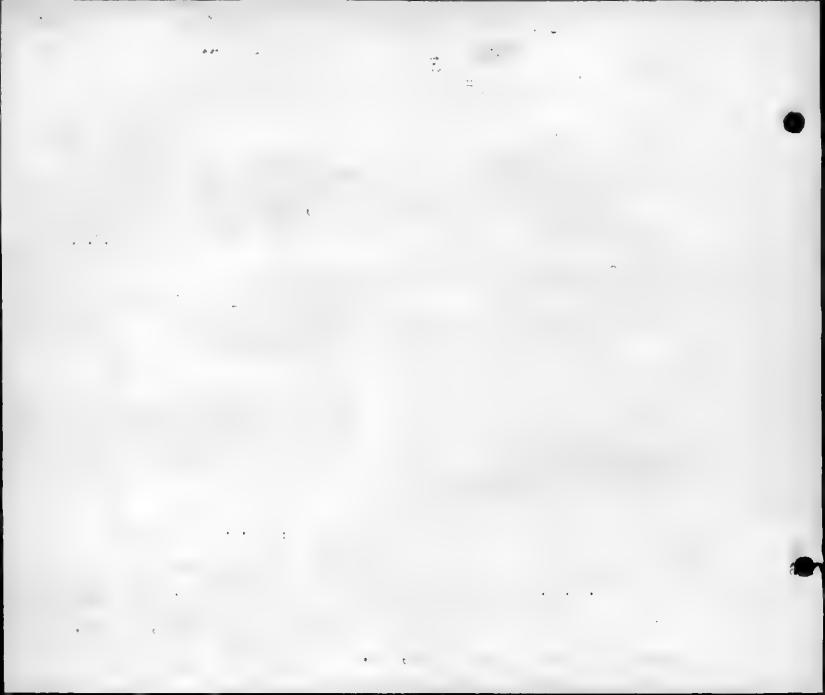
death. Page 4

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS Ή

	1/20	CERTIFICATE OF DEAT
PLACE OF DEATH	2266	2. USUAL RESIDENCE

PLACE OF DEATH  O. COUNTY ALLEGANY  MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission)  o. STATE MARYLAND b. COUNTY ALLEGANY
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) CUMBERLAND  14 DAYS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  MIDLAND
or MEMORIAL HOSPITAL	d. STREET ADDRESS  IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle HENRY STE	VENSON  4. DATE Month Day Year OF DEATH FEBRUARY 21 19 60
5. SEX  MALE  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8 DATE OF BIRTH MAY 8, 1871  9 AGE (in years   IF UNDER 1 YEAR IF UNDER 24 HRS yrs.   Manths Days Hours Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  RETTRED	STRY 11. 8IRTHPLACE (Stote or foreign country)  MIDLAND, MARYLAND  12 CITIZEN OF WHAT COUNTRY  U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
I SAAC STEVENSON	MARY MARTZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMAN WARWICK & MEMORIAL AVENUE MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Afterioscleroctic  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under- lying couse last.  (b)  DUE TO  (c)	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CLOSE OF DEATH  OR CONTRIBUTING CLOSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Port II of item 18 )
	ACE OF INJURY (Hame, farm, 20f (City or town) (County) (State ctary, street, office bldg., etc.)
	death accurred at 1:45h, from the causes and an the date stated above
220 SIGNATURE Reeja lo. Brein	M.D PHYS DIRECTOR PHYS X
Physician's Ralph W. Ballin, M.D. for NAME (Type) DR. S. M. JACOBSON	27d ADDRESS 62 Greene St. Cumberland, Md. 2-21-60
Burial Cremation, 23b, DATE THEREOF 23c NAME OF CEMETERY COLD Coney	OR CREMATORY 23d LOCATION (City, town, or county) (State)  emetery Lonaconing, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
George Eichhorn Lonaconing, M	d. DATEFEB 26'60 wind & Trans

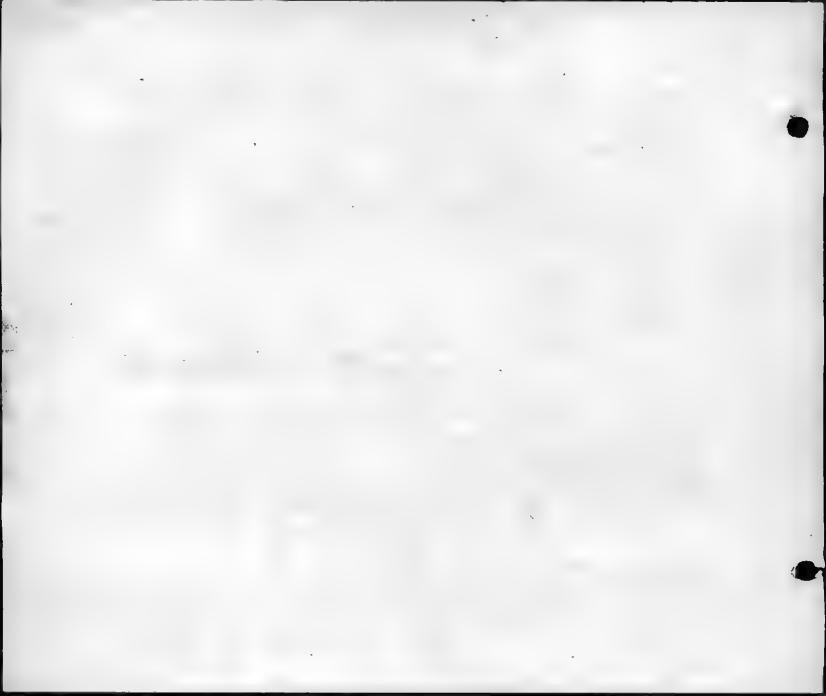


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VR A15 (4) 15M 9/59

		452 CERTIFIC	JAIE OF DEATH
PLACE OF DEATH O COUNTY	Allegany	MARYLAN	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE o. STATE aryland b. COUNTY Allegany
RURAL and give RURAL	(If outside corporate limits, with the present town) Flintstone	50 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Rural, Flintstone
OR INSTITUTION	TIAL (If not in hospital, give st Lintstone	reet address)	A. STREET ADDRESS  Route 2.  e. IS RESIDENCE ON A FARM? YES X NO
NAME OF DECEASED (Type or print)	Charit	y May	Stickley 4. DATE Pebruary 11 1960
Female	White	MARRIED NEVER MARRIED O	Tag
during most of we HOUSE	ON (Give kind of work done prking life, even if retired)	10b. KIND OF BUSINESS OR II HOUSE	INDUSTRY 11. BIRTHPLACE (State or foreign country) Rt 3, Cumberland, Md USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME
Mic	hael Long		Sally Stickley
S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give wor or dotes of service)		Mrs Daisy Stotler, Cumberland Md.
	any, which immediate (b)	The	dette i Sassafantales a mes
lying cause las	(c)	ONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED?  YES NO
	FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	CURRED. (Enter nature of injury in Part I or Part II of item 18 )
20c. TIME OF INSE Hour a. m	. 10 V	od. INJURY OCCURRED 20 While Not while twark at wark	De. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (State
	nat (I) (this haspital) at ased alive an	tended the deceased fro	ram Suger 1957, ta July 1965 that (1) (we) las hat death accurred at 114 M, from the causes and an the date stated above
220 SIGNATURE	Clark.	Surroff	ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS.
22c PHYSICIAN'S NAME (Type)			22d. ADDRESS
23a BURIAL CREMAT REMOVAL (Specil BULLA	ION, 236 DATE THEREOF Feb 12 1	23c NAME OF CEMETE 960 Stickley	Flintstone, Md. (State)
24 FUNERAL DIRECTO	am H.Kight	ADDRESS Cumb er	cland, Md DATE 250 REGISTRAR 256 REGISTRAR'S SIGNATURE

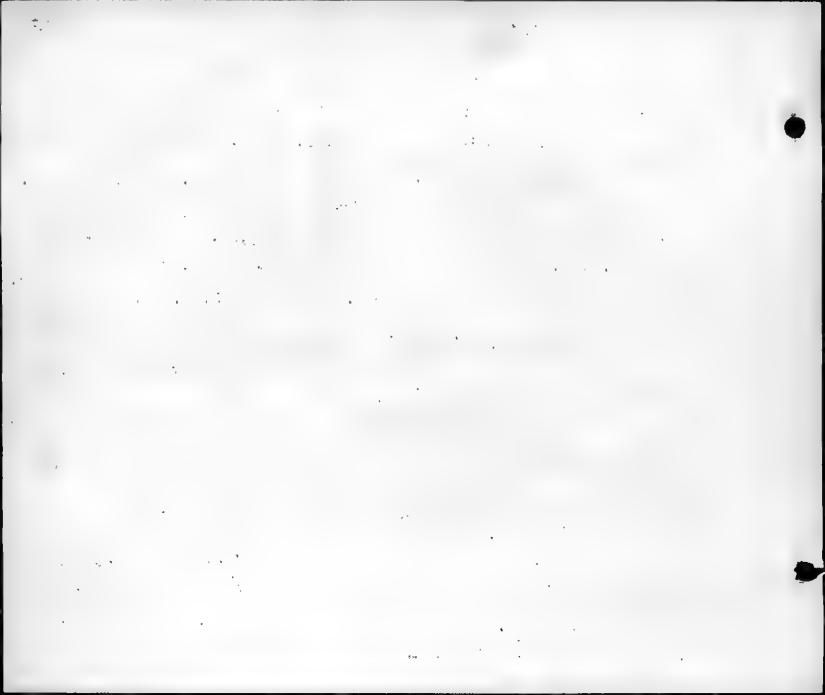


n/

ATTENDING PHYSICIAN: The lam impuires that the death certificate be executed mithin 24 haurs

TO HOSPITAL VS A15 (4) 15M 9/58

		4	38 CEKI	IFICA	E OF DEA	IH		Reg. Dist. I	No.	
1. PLACE OF DEATH 0. COUNTY Alle	COMP		MAR	YLAND	. USUAL RESIDENCE	(Where decease	d lived. If institut b. COUNT			sion)
b. CITY OR TOWN	(If outside corparate limi	ts, write	c. LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN	- U	prote limits, write			n)
RURAL and give	peorest town) Ourg		Lifetime		X Frostb			(Relch		
OR_INSTITUTION	S Hospital				R. D.	AT -	ox 410	- (A) Girli	e. IS RE	SIDENCE A FARM?
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Мо	onth	Day	Year
(Type or print)	WILLIAM		P.		HOMAS	DEATH	I DO a	16th,		1960.
5 SEX	6. COLOR OR RACE	7. MARR	_		2-19-13		9. AGE (In years lost birthday)	Months Day	_	Min.
during most of wo	ION (Give kind of work orking life, even if retired Hand	) [	KIND OF BUSINESS O	OR INDUSTR		ote or foreign o	ountry)	12. CITIZEN	S. A	
13. FATHER'S NAME		omas			14. MOTHER'S MAIDE Nancy	N NAME	& Workm	nan		
15 WAS DECEASED BY	ER IN U. S. ARMED FOR	CECS 114	SOCIAL SECURITY NO	D IME	DRMANT			dress		Me
(Yes, no. or unknown) NO	(If yes, give wor or dates of s		17-10-740		s. Lura !	Phomas			rost	ou <b>r</b> g,
	ATH [Enter only one co	use per li	or (o), (b), and (c)	1).	6	- /		l l	NTERVAL B	ETWEEN O DEATH
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	160	ronci	0	nous	rone	a		200	13-
422,2		7m	· and	-09		1000	1	A		20.00
Conditions, if gave rise to	immediate	114	your	w n	rsnyku	and and	-cou	ic	240	als
couse (a), stating lying couse last	g the <u>under-</u> DUE TO		5/6	non						
PART II O'	THER SIGNIFICANT CON		CONTRIBUTING TO DE	EATH BUT NO	OT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	IVEN IN PART I(d	19 WAS PERFO	DRMED?
20g. ACCIDENT WORK CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	OCCURRED.	Enter nature of injury	in Part I or Po	rt II of item IB.)			
20c. TIME OF INJU	IRY Month, Doy, Ye	20d. If	NJURY OCCURRED		E OF INJURY (Home, 1 y, street, office bldg.,		y or lown)	(Coun	ty)	(State)
p. m.	10		k at work							
21. I certify t	hat Lattended the	deceas	ed from.	25	, 160_, ta_	FeR	16 , 195	Shat I last s	aw the	deceased
alive an_	2K/6	, 122	and that	t death a	ccurred af					
ACTUAL	11 Amo	V/-	B = 0		-	ADDRESS /	treet, city or town	o, stole)	A IS	TE SIGNED
SIGNATURE	00011	0	wisk			no a	2009			
PHYSICIAN'S NAME (Type)	10071	1/0	fano			ma		19	60	
220. BURIAL, CREMATI REMOVAL (Specif Buria	4 10 30 30		22c. NAME OF CEN Eckhart	Ceme	1		TION (City, town, hart	or county)	(5 to	ď.
23 FUNERAL DIRECTO	R'S SIGNATURE	roci	ADDRESS	Home	24o. R	EC'D BY REGIS		SISTRAR'S SIGNA	TURE	
Levert 76. K	Jolling of	T.08 I	tburg, Md.		DATE	FEB 2 6	'60	anthun &	House	



TO HOSPITAL

Reg. Dist.	CERTIFICATE	OF DEATH	Reg. Dist. N
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		145	3 CERTI	FIC/	ATE OF D	PEATH	ı	Re	eg. Dist. No	። በጥ <b>ቶ</b> æ
PLACE OF DEATH o. COUNTY	Allegany		MARY	'LAND	2 USUAL RESID	eryla	ere deceased lived		Residence befo	
b. CITY OR TOWN RURAL pad give	(If outside corporate liminearest town)	its, write	e. LENGTH OF STAY	IN 1b	c. CITY OR T	TEL 441	utside corporate li SCOW	mits, write RURA	L and give ne	arest town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, g N	give street or	ddress)		d. STREET A	DDRESS				ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Della	rst	May		imney	ı	4. DATE OF DEATH F	ebruar;	y 2i	5 19 60
Female	6 COLOR OR RACE White	7. MARRIE	_		May 9,	1881	9 Ad lo		UNDER 1 YEAR	Hours Min
during most of w	TION (Give kind of work orking life, even if retired to WOPK	1)	WN Home	R INDU			or foreign country [arylan			S.A.
13 FATHER'S NAME					14 MOTHER'S					
	James Fai:				Ama	anda	Warnic	k		
15, WAS DECEASED E	VER IN U S, ARMED FOR		OCIAL SECURITY NO		NFORMANT			Address		
no				M	illiam	Timr	ley	Mosco	w, Md	
18. CAUSE OF D	EATH [Enter only one co	ouse persone	(or (o), (b), and (c).	36	"Son"	****				ERVAL BETWEEN
PART I, D	EATH WAS CAUSED BY IMMEDIATE CAUSE to	, 1	100 CC	4	1) 410	UL	no O L	~ <	ON	SET AND DEATH
491	DUE TO				V					
Conditions, if	ony, which )									
gove rise to	immediate ( DUE TO	1			9					
couse (p), statin	g the <u>under-</u>		ito wo	ar.	~					
Z PART W. O	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE COI	NDITION GIVEN	IN PART Hol	19 WAS AUTOPSY
PART #1. O		no Lit	( ( )	-61	100: 20	Ule.	1- Chi	Leads	2	PERFORMED?
20g. ACCIDENT V	WAS UNDERLYING	20b. DESCI	RIBE HOW INJURY O	CCURRE	D. (Enter nature of	f injury in P	ort I or Part II of	item 18.)		125 110
OR CONTRIBUTIN	YG CAUSE OF DEATH							,		
	URY Month, Day, Ye	ar 20d IN:	URY OCCURRED	20e. PL	ACE OF INJURY (I	Home, form.	20f. (City or to	wal	(County)	(Stole)
Hour o. m	. 10	While of work	_ Not while _ /	for	clory, street, office	bldg., etc.	)	,	(Coomy)	(3,0,10)
	j		Z 1	1		7 3	1130	2		
1 4	het I attended the	decease	d fram		, 19	70-5	)	, 19_ <u></u> ;tl	nat I last s	aw the deceased
alive on		, 19 <u>0</u>	, and that	death	occurred at.	(2-1-				ite stated abave
ACTUAL SIGNATURE	1 Jan				M.D		DDRESS (Street,	city or town, state	196	DATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. C	7 7° e 0,	7 . 16	25	h				. de en de en en equi per	
220. BURIAL, CREMAT		)F	22c. NAME OF CEM				22d. LOCATION	(City, Iown, or co	ounty)	(Slote)
Burial Specif	" 2/23/	60	Laurel	Hil	Ll Ceme	tery	Mos	COW,	Mo	d.
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			24a REC'O	BY REGISTRAR	24b REGISTRA	R'S SIGNATU	RE
George	Eichhorn	Lo	naconing	E. N	Id.	DATE FE	B 2 4 '60	Catha	in diffic	u 🦣



# cremation,

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

111444

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 1454 g. COUNTY Allegany b. COUNTY O. STATE Maryland MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) and give nearest town! La Vale La Vale vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES | NO W 604 Braddock Avenue 604 Braddock Avenue 3 NAME OF DATE Middle Lost Doy Year DECEASED (Type or print) DEATH JOSEPH February 20 19 60 HARRY WHETZLE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. lost birthday Months Haure WIDOWED [ DIVORCED | White 25. yes. Male 'e b 1888 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) & O. Railfoad USA Retired Machinist Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WHETZLE LAURA MC LANE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 604 Maddock Avenue La Vale. Maryland Mrs. Ocle Whetzel no 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (o) **DUE TO** Coronary Sclerosis Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY NOL PERFORMED? NO T YES 🗍 CERTIFL 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City ar town) (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while at work at work D. III. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection [X]. Inquiry [2], and find that death resulted from: Natural couses 12. Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic. M.D. DEPUTY MEDICAL EXAMINER 52 NAME (Type) February 20. 1960 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2/23/60 Harpers Ferry, West Virginia Burial Lutheran Cemetery

24g, REC'D BY REGISTRAR

DATE EB 2 4 '60

24b. REGISTRAR'S SIGNATURE

1 Thung S. Frank

ADDRESS

VS. A15ME(5) 5M 9/55

cute the cert forworded to FUNERAL I

0

23. FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer, Cumberland, Maryland



Reg. Dist. No.

01	4	4	100
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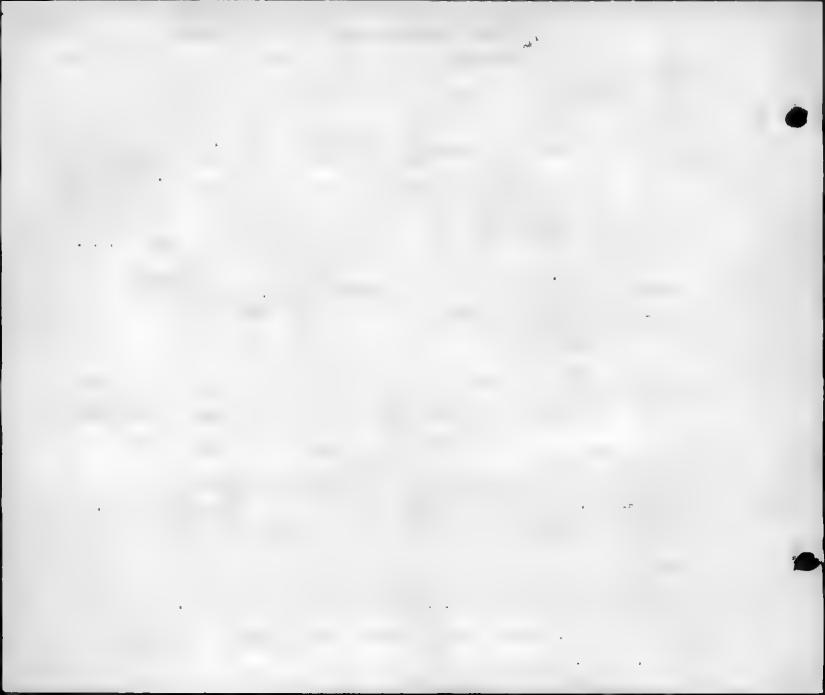
1.	PLACE OF DEATH		E Z	YK		2. USUAL RESIDEN	CE (W	here decea	sed lived. If Institu	itiani Resid	ence bel	ore adm	ission)
	■. COUNTY	legany		MARYL	AND	o. STATE Ma	ary]	l and	b. COUNT	Y All	egar	17	
	b. CITY OR TOWN (If a		RURAL	c. LENGTH OF STAY IN	N Ib	c. CITY OR TOV	MN (IF	autside cor	porate limits, write	RURAL on	d give n	egrest to	wn)
	Cumberland			67 days	ll ll	@Cumber]	Land	1					
-		L OR INSTITUTION (	f not in h	ospital, give street address)		,d. STREET ADDR	RES5					a. 15 R	ESIDENCE
-	Sacred He	art Hospit	al			310 Cd	olur	mbia S	St.				A FARM?
3.	NAME OF DECEASED	Fin	rl	Middle		Lost		4. DATE OF	Ment	h	Day	γ	(ear
	(Type ar print)	Bert	ha	Rebecca		White		DEATH	Feb		1	1	1960
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. [	DATE OF BIRTH			9. AGE (In years Igst birthday)	IF UNDER			ER 24 HRS
	Female	White	WIDOW	DIVORCED	3   3	/25/98			61 yrs.	Months	Doys	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work :	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE	(Stote	ar foreign (	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Homsewofe	,,	- (	wn Home		Mary.	land	d . C	umberlan	d	U.S.	.A.	
13	. FATHER'S NAME					4. MOTHER'S MAI	DEN N	IAME					
		John S. Wi	lkes				I	Ella	Eisen	hower	r		
	. WAS DECEASED EVE	R IN U. S. ARMED FO		L SOCIAL SECURITY NO.	17. INF	ORMANT	Mrs	s. Ro	y Kearren	ner			
1		in last Cue wot or order ex	servecei	_none	D	aughter			and, Mar		d		
=B		H Enter only one cou	se per lin	e for (a), (b), and (c).]				A150.50.A.	ana, ····		INTER	VAL BETWI	EEN
	PART I. DEAT	WAS CAUSED BY:		Lobar Pneumo	anio						ONSE	T AND DE	
	4 30	MMEDIATE CAUSE (a) DUE TO		LODGE THOUSE	711TG						7	day	S
	Conditions, if on			Fractured ri	oht	hin (sec	and	f vec			35	day	7.00
	gave rise to immedi	ale cause		1240041 04 13	-6110	nap (see	.0110	CLY				<u> </u>	5
	(a), stating the us	nderlying (c)											
z				CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
150			•								- 1	PERFO	NO TO
5	20g. EXTERNAL CAU	SE WAS 20		Ractured righ			io Port	1 or Port II	of item 18.)		l.	11.3	NO IN
CERTIFICATION	20g. EXTERNAL CAUPRIMARY Grant CON CAUSE OF DEATH.	TRIBUTING		ell at home i									
MEDICAL	20c. TIME OF INJUR	/ Month, Day, Yes	r 20d	. INJURY OCCURRED 20-	PLACE		, form,	20f. (Cit	y or town)	(Co	unly)		(State)
MED	Hour a.m.	Nov. 26 19	59 Wh	ite Nat white		ome	g., erc.)		umberland	- ΓΔ . F	lea	Ma	ralura
			of the	remoins described			topsy		nspection 📆				عادناه الطاقعانية بالكظ
	deoth resulted	from: Noturol	couses	, Accident K,	Suici	de 🗍 . Hom	icide		ndetermined of	_			21
		7								_			
	ACTUAL SIGNATURE	enedict:	Sh	etarelie		M.D. CHIEF MEDIC	CAL EX	AMINER [	]			DATE S	SIGNED
,	EXAMINER'S					ASSISTANT A	MEDICA	AL EXAMINI	ER 🔲				
		nedict Ski	tare	lic. M.D.		DEPUTY MED	DICAL E	XAMINER	Feb .	1 19	50_		
22	BUR AL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETER	RY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)	× ×.	{Stat	9)
- Donatile	urial	Feb. 4.	1960		morj	al Park		Cumb	erland,				
	FUNERAL DIRECTORS		-	ADDRESS	a.	240		BY REGIS		STRAR'S SI		RE	
9	John J. Ila	ier, Cumb	erla	nd, Marylan	d	DA		7 00	Coo	w. S. 1	went		

TO DEPUTY MIX. CALL IXAMILIES This statisticate sllavid be stated within 28 hours after death. If any delay is no larry, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give lages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,

VS. A15ME(5) 5M 9/55

ar removal.



TO HOSPITAL OR

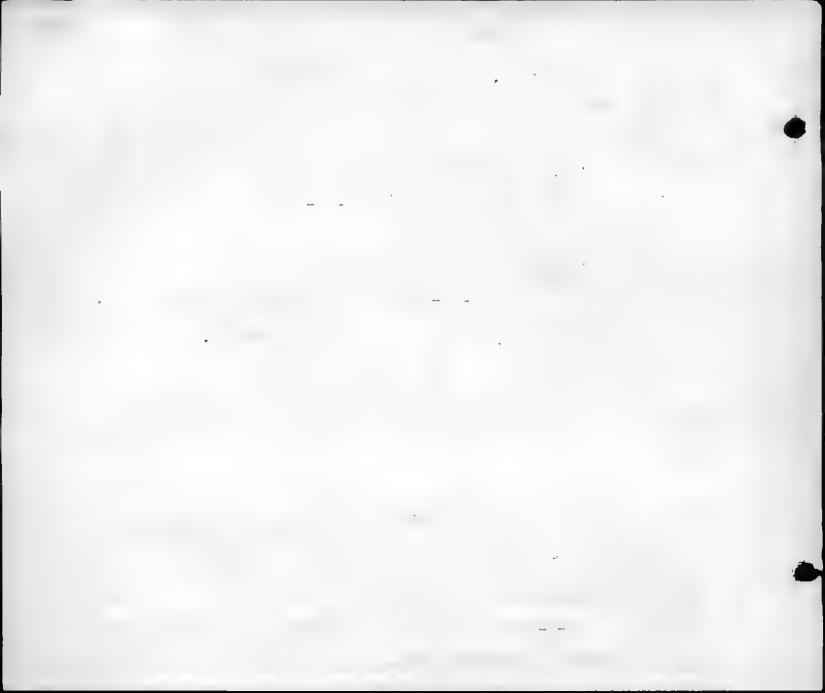
VS A15 (4) 15M 9/5B

01

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01/46

			14	ರಚ CE	RTIFIC	ATE	OF DEAT	TH				Reg. D	ist. No		33U
)	PLACE OF DEATH o. COUNTY	ALLEGANY			MARYLAND		MARY				institutio OUNTY		LEG.		ion)
	b. CITY OR TOWN (IF RURAL and give new FROST	outside corporate limi grest town) BURG	ts, write	c LENGTH OF		c. (	FROS			ote limits,	write RI	URAL and	give ned	arest town	i)
	d. NAME OF HOSPITA OR INSTITUTION MINER	AL (If not in hospital, g		oddress)		"d.	STREET ADDRESS		TENN	VIAL	ST	•			FARM?
	NAME OF DECEASED (Type or print)	ELMER	st	STEV	Middle EN V	WILD	ERMAN	4.	DATE OF DEATH		FEB	-7.	1	-	Year 19 60
5	MAEE	6. COLOR OR RACE WHITE	7. MARR	ED NEVER	MARRIED 🚺		-22-189	95		9 AGE (I	years (day) yrs.	Months (	R 1 YEAR Days	Hours .	Min.
_	USUAL OCCUPATION OF WORKS	N (Give kind of working life, even if relired	3		ODGE	USTRY 11	BIRTHPLACE (S10 MARYI		_	untry)		12.CI	U.S		OUNTRY?
13.	EDW. J.	WILDERMA	AN				MARY AN			NS .					
	WAS DECEASED EVER	IN U. S, ARMED FOR f yes, give war or dates of s		15-18-		WM.	WILDEF	RMA	N, I	ROS	rBU]		MD.		
		mediote ( DUS TO		Tron	ich		new	<i>w</i>	nor	rice			ÖN	ERVAL BE	DEATH
MEDICAL CERTIFICATION		ER SIGNIFICANT CON					noture of injury i					EN IN PA	RT 1(o) 1	9 WAS . PERFO YES [	NO NO
AL CERTI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)									10.,				
MEDICA	Hour o.m.	Month, Doy, Ye	or 20d. It While of wor	NJURY OCCURR  Not while  at work	ξ.	LACE OF oclory, str	INJURY (Home, fo eet, office bldg., o	orm, 2 elc.)	20f (City	or town)			(County)		(State)
	21. I certify the olive on	ot I attended the					1960. to 19 red at 6.30		-		ses an	d on th		stated	leceosed d obove. re signed
220 E	BURIAL CREMATION	2-4-1		ST. M	F CEMETERY I		ATORY CEMETER	L		TON (CITY			ſD.	{Stot	e)
23.	J. R. D	SIGNATURE		ADDRESS TBURG,			24a. RE	FEB	Y REGISTI	RAR 24	b. REGI	STRAR'S S			



01447

de	4					wall prost too.
ne et	1. PLACE OF DEATH a. COUNTY ALLE	GANY	MARYLAND	2. USUAL RESIDENCE (WHO IN STATE OF STA	era deceased lived. If institution b. COUNTY	on Residence before admission) ALLEGANY
	b. CITY OR TOWN (I RURAL and give no CUMBERL	f outside corporate limits, write earest town) AND	c. LENGTH OF STAY IN 16	2 CUMBERLAN	outside carporate limits, write R	URAL and give nearest fown)
^	OR INSTITUTION	AL (If not in hospital, give street MEMOR		/d. STREET ADDRESS 22 PENNA	. AVE.	e. 15 RESIDENCE ON A FARM? YES NO 🗷
	3. NAME OF DECEASED (Type or print)	ANN1E	Middle G.	WILKES	4. DATE Mon	
	S. SEX FEMALE	6. COLOR OR RACE 7 MARE	RIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH JUNE 6	9. AGE (In years lost birthday) 0 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATIO during most of work	DN (Give kind of work done 10b. king life, even if retired) HOUSEWORK	KIND OF BUSINESS OR INDU OWN Home	STRY 11. BIRTHPLACE (Slove MIDLAND	*	12 CITIZEN OF WHAT COUNTRY?
\	13. FATHER'S NAME WILLI	AM S. YATES		14. MOTHER'S MAIDEN N	MARY ANNE	
		(If yet, gave wor or dotes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT MEMORIAL HOSPI	TAL CUMBER	RLAND, MD.
	PART 1. DEA  Conditions, if or gove rise to in couse (o), stoling lying couse last,	DUE TO (b) DUE TO DUE TO (c) (c)	Lypun	Enelyd Z	Jacourt	INTERVAL BETWEEN ONSET AND DEATH SET THE STATE OF THE STA
)	CA1		CRIBE HOW INJURY OCCURRE			YEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
			Not while fo	ACE OF INJURY (Home, form clary, street, office bldg., etc	20f (City or town)	(County) (State)
	21. I certify the alive on actual signature  PHYSICIAN'S NAME (Type)	CLAY DURRETT	ed from Dux., 26, and that death	accurred all <b>0:40F</b> M.D. 236 lle Ca	M, from the couses of ADDRESS (Street, city or town,	antrud 3/15/6
	224. BURIAL, CREMATION REMOVAL (Specify) BUTLAL 23. FUNERAL DIRECTOR'S	Feb.17,196	. Г	Burial Par	Odinbol Idi	id, Md.
		. Scarpelli.	Cumberland.	Md - DATE		STRAR'S SIGNATURE

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours effect death. teath. Page 4 TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs at TO HOSPITAL O



# FOR STATE HEALTH DEPT.

DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not be executed the certificate, writing the word "pending" in pending. So Give Pages 1, 2, and 3 to the funeral solutions of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

TO DEPUTY ME CAL EXAMINER: This certificate sho	execute the certificate, writing the word "pending"	<ul> <li>should be forwarded to the Chief Medical Examin</li> </ul>	TO FUNERAL DIRECTOR: Page 3 should be used as a
TO DEPUT	execute	4 should	TO FUNER
V\$ 5/	A 94.2	1 <i>51</i> 2/5	VIE 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist. No.
	Reg, Dist. No.

		ME	DICA	LEXAMINER	S CERTIFICAT	E OF DEATH	Reg. Dist. No. 01448
1 PLA	CE OF DEATH		14		2 USUAL RESIDENCE (W	There decreased lived. If institut	lion: Residence before admission)
, 0 (	COUNTY	ll <b>ag</b> any		MARYLANG	O STATE	- 5 COUNTY	
h C	ITY OF TOWN III	aulaide carporate i m ts. write	RIFFAT	c. LENGTH OF STAY IN 16		outside corporate limits, write	Allegany
	end give negrest town)		NONE	3.0.3	1		TOKAL ONO G AS USDIEZI LOMU
- 1 >	Frostbi			10 days	Westernpo	ort 4	
d, N	7.74			ital, give street address)	d STREET ADDRESS	_ /	e. IS RESIDEN F
	The state of the s	s Hospita	<u> </u>		215 Maryla	· · - · · · · · · · · · · · · · · ·	YES NO 🔊
DEC	ME OF CEASED	First		Middle	Lost	4. DATE Month	Doy Yeor
(Ty)	pe or print)	Marjori	) I	homas wi	lliams	DEATH 2	10 19 60
5. SEX		6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8 DATE OF BIRTH	9 AGE [In years last buthday]	IFUNDER TYEAR IF UNDER 24 HRS
	Ŗ,	W	WIDOWED	DIVORCED	Aug. 16,193		Months Days Hours Min
10a, U	SUAL OCCUPATION	ON (Give kind of work do life, even if retired)	one 10b Ki	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
I	lousewi:	re .	UW	m Home	Lonaconin	ng. Md.	U.S.A.
13, FA	THER'S NAME		L		14. MOTHER'S MAIDEN N	IAME	
	4	Arthur E.	Thom	as	Marjorie	Bonig	
	AS DECEASED EVE	R IN U.S. ARMED FOR		OCIAL SECURITY NO 17	INFORMANT		Westernport, Md.
Yes no	o ar unknown)	None	HT(0)	00 30 405411	. Lowell wi		Md. Ave.
110	CALISE OF DEAL	TH [Enter only one cour	Pall 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Virtue arm of the a			BATERVAL BETWEEN
1 1"		H WAS CAUSED BY:	ותר	an lot, lot, one jet.	Dilana	now Forhal	ONSET AND DEBY
		IMMEDIATE CAUSE (a)	Hi	warse,	יורסומבנטיי	119 21110011	13 m 504464
	CUK	DUE TO		A 1 7	- 10	Dat Das	tra
	Canditions, if gr averise to immed			081911111	79 111	POSI_FUP!	1.111
	a), stating the u				11thous		
<u>c</u>	ovie foit.	(c)_			UTELUI	*	
ğ	PART II, OTH	ER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALDISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION							YES X NO
20	OG EXTERNAL CAL	SE WAS 201	DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in Port	1 or Port  1 of stem 18 )	
	AUSE OF DEATH.						
3 20	C. TIME OF INJUR	Y Month, Doy, Yea	20d, It	VIURY OCCURRED 200 PL	ACE OF INJURY (Home, form	, 20F (City or town)	(County) (State)
WEDICAL	Hour e.m.	19	While of wor	Not while	tory, street, affice bldg., etc.		
		at Linck charge			ove held on Autons	, Inspection ,	Inquiry , ond in my
1 1				ouses <b>X</b> ), Accident			
$     ^{\circ}$	рипоп деатн	resurred from: IN	COLOLOL C	ouses Ki, Accident	☐, Suicide ☐, r	fomicide, Undeter	rmined monner
	CTUAL /	11/1/201	C /	nno	CHIEF HEDICAL EV	tudos 🗖	DATE SIGNED
5	IGNATURE		-/-4	11110	_ M.D. CHIEF MEDICAL EX	E//	11 1010
	XAMINER'S	V. U. MCLE	na M	11	A	AL EXAMINER []	11 1960
	(AME (Type)				DEPUTY MEDICAL E		
220. B	URIAL CREMATIO EMOVAL (Specify)	N 226. DATE THEREOI	F	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, fown, e	or county) (Stote)
B	urial	2/13/19	60	Frostburg A		k Frostburg	
23. FU	THERAL DIRECTOR	SSIGNATURE	tía	fer funeral	STOME 240 REC'E	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
. 27	20 1/1	11/ 1/2	- 3-25		0岁76500000000000000000000000000000000000	B 1 5 '60	Cur S. Francis



#### FOR STATE HEALTH DEPT

I. PLACE OF DEATH o. COUNTY

NAME OF

DECEASED

Female

13. FATHER'S NAME

422.

20c TIME OF INJURY

couse lost

ACTUAL SIGNATURE IN ADDRESS OF S

NAME (Type)

Burial

CERTIFICATION

MEDICAL

Conditions, if ony, which gove rise to immediate cause

(a), sloting the underlying

200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH.

6:00 pm Jan 25

270. BUR AL CREMATION 276 DATE THEREOF

James F. Scarpelli,

23 FUNERAL DIRECTOR'S SIGNATURE

5. SEX

(Type or print)

and give negres! (own)

Cumberland

Housewiie

15. WAS DECEASED EVER IN J. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Allegany

Memorial Hospital

White

Jesse Casteel

IMMEDIATE CAUSE (a)

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN during most of working fife, even if refired)

18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

**DUE TO** 

**DUE TO** 

Month, Doy, Year

2-12-60

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

1960 21. I certify that I took charge of the remains described apinion death resulted from: Natural causes

Fracture of right Hip

While

Dr. Benedict Skitarelic

206 DESCRIBE HOW INJURY OCCURRE

Fell at hom

ADDRESS

Cumber Land,

20d INJURY OCCURRED 20e

of work of work

Mary

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED X

b CITY OR TOWN [II outside corporate I mits, we la #URAL

any, please tian. Page aur files. of Health, ofter death. If any delay is not set, 2, and 3 to the funeral a cular. A3. Page 5 may be retained for your set I among a many be retained for your first I among 2 with the State Baard of (1) with in 72 hours after death.

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	4	-4	0	-
Berry.			TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit, file page	
o 🖟 To DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours	A	15	ME 7	
E 4		1/6	7	
21	11 /	173	1	

MARYLAND STATE DEPARTMENT OF HEADIN-MEDICAL EXAMINE

Own Home

16 SOCIAL SECURITY NO none

EXAMINER'S CERTIFICATE OF DEATH									
L EXAMINER'S	CERTIFICA	IE OF DEATI	Reg. Dist. I	to. 01449					
23	2. USUAL RESIDENCE (	Where deceased lived. If i	nstitution: Residence I	pefore admission)					
MARYLAND	o STATE Mary	land b co	Alleg	any					
C. LENGTH OF STAY IN 16	c CITY OR TOWN (I	f auts'de carparate limite,	write RURAL and give	nearest town)					
45 yrs.	Cumb	erland							
ottol, give street address)	d STREET ADDRESS			a IS REJIDENCE					
	107	Race St.		YES NO X					
Middle	Lost	4. DATE	Month Do	y Year					
A.	Wilson		eb. 10	19 60					
NEVER MARRIED 3	DATE OF BIRTH	9 AGE (In you lost burthday)		R IF UNDER 24 HRS					
DIVORCED   N	ov.24,1874	85	yrs Months Days	Hours Min.					
NO OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (Stote	or foreign country)		OF WHAT COUNTRY?					
wn Home	Black Ve	alley, Penn	us us	A					
	14. MOTHER'S MAIDEN		_	No.					
	Anna	Offerd							
OCIAL SECURITY NO 17. INFORMANT Address									
none Mrs. Chester Crabtree, Cumberland, Md.									
or (o), (b), and (c).]									
Chronic my	ocarditis.	pulmonary		lwk					
Arteriosc	lerotic CV	disease							
NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INALDISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY					
right Hip				PERFORMED? YES NO X					
HOW INJURY OCCURRED (En	ter noture of injury in Por	1 I or Port II of item 18 )	The second secon						
ell at home									
NJURY OCCURRED 20e PLAC	E OF INJURY (Home, formy, street, office bldg, etc.	20f, (City or town)	(County)	(Stote)					
	ome	- 1	and, All	eg Md					
emains described abav	e, held an Autaps		X, Inquiry K						
ouses 🗶 Accident	], Suicide [,	Hamicide 🔲. Una							
1 1									
atarilee	M D. CHIEF MEDICAL E	CAMINER [		DATE SIGNED					
	ASSISTANT MEDIC	AL EXAMINER		7000					
kitarelic,M	DEPUTY MEDICAL	EXAMINER 1	Feb.10	,1960					
22c NAME OF CEMETERY OF		22d LOCATION (City, to		(Slote)					
Oddfellows C	emetery	Flintstor	ne,Md.						

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Cirching & France



VR A15 (4) 15M 9/59

06

144-

D. PLACE OF DEATH O. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryl		b. COUNTY	esidence before d	
b. CITY OR TOWN (III RURAL and give no	f outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate lin			
Frostbi		7 days	X Slabt	cown, Mt	. Savag	ze	
OR INSTITUTION	AL (If not in hospital, give street Burns Hospital	address)	d. STREET ADDRESS				IS RESIDENCE ON A FARM? (ES NO K)
NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year
(Type or print)	John	Walter	Winebrenner	OF DEATH FE	bruary	28th.	1960
SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		NDER 1 YEAR IF	
Male	White wow	ED DIVORCED	Apr. 21st.	,1907	52 yrs. Moi	nths Days H	lours Min.
Ou. USUAL OCCUPATIO	DN (Give kind of work done 10b. ling life, even if retired)	KIND OF BUSINESS OR INDE			1	2. CITIZEN OF W	HAT COUNTRY
Carman	W	.Md.R.R.Shor	os Marylar	nd		USA	
L FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
William	Winebrenner		Susan Hu	atzel			
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		INFORMANT		Address	Slabtov	wn,
and the second	2	14-01-0123Mr	s. Virginia	Winebr	enner,	Mt. Sa	vage,
18. CAUSE OF DEA	TH [Enter only one couse per li					INTERV	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	hemia				96	AND DEATH
294X	DUE TO						
Conditions, if a	ny, which ) (b)	relieved of	Anon Comis			72	aliza,
gove rise to in couse (a), stating	m mediate (		4				
lying cause last.	(c)	olycusteen	ua Ruber	_		2	you?
PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN II	N PART I(o) 19.	WAS AUTOPSY PERFORMED?
5 Charm	elual Asta	my Claro	racy arthu	1 Hans	Klise	act Y	ES NO
	S UNDERLYING   20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enfer nature of injury in	Part I or Part II of	item 18.)		
20c. TIME OF INJUR Haur o. m.		1 1	PLACE OF INJURY (Home, for octory, street, office bldg., et		wn)	(County)	(State
Havr o.m. p.m.	19 White at wo		oc.o., sires, opics blog., el	/			
21. I certify the	t (I) (thi <del>s haspit</del> al) atten	ded the deceased from	SEPTI	955.10	1/28	19.62.9 that	(I) (with los
saw the deceas		£ 1960, and that					
220. SIGNATURE	14-36	1/					22b. DATE /
trea	to tastle the	teen hur		ORECTOR PH	AFF IYS.	-	2/29/6
22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS				, ,
	Martin M. Ro	thstein	11 48 Bros	dway F	rostbur	ca Md	
30. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c, NAME OF CEMETERY		23d. LOCATION (			(State)
Burial (Specify)	3-1-60	M. E. Ceme	eterv		avage,		Md.
A. FUNERAL DIRECTOR		ADDRESS		O'D BY REGISTRAR		R'S SIGNATURE	
Joseph	R. Durst. F	rostburg. Me	d. DATE N	MAR 2 '60	arth	us & thous	4

INCOME BY STREET SALE THE STATE OF THE STATE 

death. Page

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

MARYLAND

d. STREET ADDRESS

CUMBERLAND

300 BEDFORD STREET

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

36 DAYS

0	1	4	5	1
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e. IS RESIDENCE ON A FARM?

YES NO IX

ALLEGANY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)

b. COUNTY

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1. PLACE OF DEATH

LLEGANY

RURAL and give negrest town)
CUMBER LA NO

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL III JOHN TO A HOSPITAL

o. COUNTY

ero by the .... 2. filled ges 1 c death. ofter popers. сотр puo 9 5 physician attending ā þ permit. gned been si **buriol-transit** 

certificate be executed

attending physiciar

VR A15 (4)

15M 9/59

MEMORIAL & WARWICK AVES. 4. DATE OF DEATH NAME OF **Final** Middle Manth Yeor DECEASED \$ ELIZABETH ZILCH (Type or print) 1960 FEBRUARY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. of birthday) Months Days FEMALE WHITE WIDOWED KT DIVORCED | OCTOBER 1874 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CUMBERLAND. MARYLAND U.S.A. Own Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN SCHILLER ELIZABETH LOWENSTEIN 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Jeanette Bonig, Cumberland, Md. No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year (County) (Stote) factory, street, affice bldg., etc.) O. m. While Not while ol wark of wark 1960 10 16 Tel-7 games 1960, that (1) two-last 21. I certify that (1) (this hospital) attended the deceased fram.... 1960 and that death accurred 15 My from the causes and on the date stated above. saw the deceased alive on / 6 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Michael Glick Smallwood St. Cumberland. 23a. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Rose Hill Mausoleum Cumberland. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR Cumberland, Md. Byron Kight DATE EB 2 3 '60

director, TO FUNERAL DIRECTOR: A noge 3 shauld be detach

EL TENTO THE RESERVED AS INC.